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- Single point of contact
- 24/7 customer attention
- Committed to excellence

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LibertyCFS NV, Inc.

*A Veteran Owned Company
Delivering Freedom*

exhibitorservices@libertycfs.us

www.libertycfs.us

Tel. (905) 338-3993

FREIGHT & CUSTOMS ORDER FORM

1 Please accept this form as authority for LibertyCFS NV, Inc. to provide the services listed below. A second form is required for additional events.				Adobe Acrobat Reader DC may be required for completion of form. Click image to download																											
Freight Only		Customs Only		Freight & Customs		Return Only																									
2a PICK-UP LOCATION Company Name _____ Address1 _____ Address2 _____ City _____ State _____ ZipCode _____ Contact _____ Phone # _____ Email _____ IRS/Tax ID# _____				3 DELIVERY TO ADDRESS Exhibiting Company Name _____ Booth # _____ Show Name _____ Address1 _____ Address2 _____ City _____ State _____ ZipCode _____ Onsite Contact _____ Cell Phone # _____																											
2b SERVICES P/U Date _____ From _____ To _____ Dlv Date _____ Hours _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Express</td> <td style="width: 25%;">Economy LTL</td> <td style="width: 25%;">7-10 Days</td> <td style="width: 25%;">Int'l</td> </tr> <tr> <td>Inside</td> <td>Liftgate</td> <td>Dock</td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </table>				Express	Economy LTL	7-10 Days	Int'l	Inside	Liftgate	Dock		Other				4 RETURN TO Check Box if the Return address is the same as 2a <input type="checkbox"/> Consignee: _____ Address1 _____ Address2 _____ City _____ State _____ ZipCode _____ Contact _____ Phone # _____ PU Date _____ Arrive by _____															
Express	Economy LTL	7-10 Days	Int'l																												
Inside	Liftgate	Dock																													
Other																															
5 PACKAGE INFO <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Carton(s)/Box</td> <td style="width: 10%;">PCS</td> <td style="width: 30%;">DIMENSIONS (L x W x H)</td> <td style="width: 10%;">WGT</td> </tr> <tr><td>Vinyl Case(s)/Color</td><td></td><td></td><td></td></tr> <tr><td>Wooden Crate(s)</td><td></td><td></td><td></td></tr> <tr><td>Trunk(s) / On Wheels</td><td></td><td></td><td></td></tr> <tr><td>Skid(s) - to contain # _____ of pieces</td><td></td><td></td><td></td></tr> <tr> <td></td> <td style="text-align: center;">TOTAL PIECES</td> <td style="text-align: center;">TOTAL WEIGHT</td> <td></td> </tr> </table>				Carton(s)/Box	PCS	DIMENSIONS (L x W x H)	WGT	Vinyl Case(s)/Color				Wooden Crate(s)				Trunk(s) / On Wheels				Skid(s) - to contain # _____ of pieces					TOTAL PIECES	TOTAL WEIGHT					
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	TOTAL PIECES	TOTAL WEIGHT																													
6 VALUE Declared Value for Carriage: The declared value for carriage of this shipment is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds of that part of the shipment lost or damaged but not less than \$50.00 per shipment unless a value is declared below and applicable charges paid thereon. The liability of Carrier for loss/damage are subject to the terms and conditions. LibertyCFS NV, Inc charges 8% per \$1000, Min \$80. Exclusion: Does not include TV(s)/Monitor(s) <div style="float: right; text-align: right;">DECLARED VALUE</div>																															
7 PAYMENT Credit Card Information / Billing Address <div style="float: right; text-align: right;"> </div> Credit Card Number _____ Security Code _____ Exp. Date ____ / ____ I hereby authorize the use of this card for payment of services related to this Order Form. I understand that declined credit cards are subject to a 30% surcharge. Address _____ Signature _____ City _____ State _____ ZipCode _____ Phone _____ Email _____																															

Comments: Include any additional comments that will be helpful for the movement of freight and contents