TRICORD

TRADE SHOW SERVICES

2107 DEL MONTE AVE . MONTEREY CA 93940 PHONE: (831) 373-4347 • FAX: (831) 373-5116

Material Handling

We plan to ship our materials direct to the exhibit site. (Please attach copies of your bills of lading, if available) We plan to ship on (date): Our material should arrive on (date): Carrier: Carrier: Carriors: Casse(s) Origin of shipment (city): (state): Rates: For complete information and descriptions, refer to the sheet in this service manual titled "Shipping Instructions and Material Handling." Calculation of Order When ordering weight, round up to the next 100 lbs. (Example: 265 lbs = 300 lbs., 3 x rate = Dollars or minimum, whichever is greater. Advance Crated Shipments to the Warehouse (200 lb minimum)
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Advance Crated Shipments to the Warehouse (200 lb minimum)
We will ship lbs. @ \$46.00 per 100 lbs = \$92.00 minimum = \$
Direct Crated Shipments to the Exhibit Site (200 lb minimum)
We will ship lbs. @ \$42.00 per 100 lbs = \$84.00 minimum = \$
Shipments or Equipment Requiring Special Handling at the Exhibit Site We will ship lbs. @ an additional \$12.00 cwt. each way minimum = \$
Overtime Charges (200 lb. Minimum) (See overtime charges on Shipping Instruction Order Form) \$\frac{12.00}{9}\$ per 100 lbs = \$\frac{24.00}{9}\$ minimum = \$\frac{100}{9}\$
TOTAL = \$
Note: We understand that your calculation is only an estimate. Invoicing will be done from the actual weight as listed on the inbound bills of lading. Adjustments will be made accordingly. If you have any questions about material handling, please contact our Customer Service Department listed above. Payment Terms: ALL ACCOUNTS MUST BE SETTLED AT OUR SERVICE DESK PRIOR TO THE CLOSE OF THE SHOW unless advance credit approval has been obtained. All of the materials are on a rental basis and remain the property of Tricord. Payment for all labor and services whether ordered by exhibitor, display builders or other parties, shall be THE RESPONSIBILITY OF THE EXHIBITOR. PLEASE MAKE PAYMENTS IN U.S. FUNDS.
Show Name: Usenix Conference Company Name:
Address: City: State: Zip Code:
Phone: () Booth #: Auth. Signature: