



Material Handling/Drayage



Payment must be received by
May 22, 2015
 For DISCOUNT RATES to apply

All orders subject to terms, policy and limit of liability
 as specified in the Excel Decorators service kit.
 FAX forms to: **502-962-1077**

Excel Decorators • 4601-C Proximity Drive • Louisville, KY • 40213 • 502-962-1119

14KY040915

▶ ADVANCE SHIPPING (To Warehouse)

To: (Name of Exhibitor & Booth Number)
 For: **Women's Living Expo 2015**
 C/O: Excel Decorators
 4601-C Proximity Drive
 Louisville, Kentucky 40213

! Advance Shipments may be shipped up to 30 Days in advance,
 but **MUST** be received by 4:00pm on Wed., June 3, 2015

▶ DIRECT TO SHOWSITE SHIPPING

To: (Name of Exhibitor & Booth Number)
 For: **Women's Living Expo 2015**
 C/O: Excel Decorators/ KEC
 So. Wing A/ 937 Phillips Lane
 Louisville, Kentucky 40209

! Direct Shipments WILL BE REFUSED prior to Excel's Move-In
 and **CANNOT** arrive prior to 9:00am on Fri., June 5, 2015

▶ INBOUND SHIPMENTS (Minimum 200lbs. Per Shipment)

# Pieces	Total Lbs.	Carrier	Ship Date	EST. Arrival Date	Materials are . . .	Shipping to . . .	CWT(min 2)	X Rate*	= EST. TOTAL
					<input type="checkbox"/> Crated/Skidded <input type="checkbox"/> Uncrated/Loose	<input type="checkbox"/> Advance to WAREHS. <input type="checkbox"/> Direct to SHOWSITE			
					<input type="checkbox"/> Crated/Skidded <input type="checkbox"/> Uncrated/Loose	<input type="checkbox"/> Advance to WAREHS. <input type="checkbox"/> Direct to SHOWSITE			
					<input type="checkbox"/> Crated/Skidded <input type="checkbox"/> Uncrated/Loose	<input type="checkbox"/> Advance to WAREHS. <input type="checkbox"/> Direct to SHOWSITE			

* Shipping Information and Rates may be found on the previous page.

▶ OUTBOUND SHIPPING INFORMATION (At Close of Show)

Ship To _____ Attention _____ Phone Number _____
 Street Address _____ City, State _____ ZIP _____

This is NOT a Bill of Lading, Please fill out a Standard Bill of Lading for outbound shipments and return a copy to Excel Service Desk.

▶ OUTBOUND MATERIAL DESCRIPTION

_____ # Crates _____ # Skids
 _____ # Display Cases _____ # Carpets
 _____ # Cartons _____ # Other _____

Total Number of Pieces In Your Shipment _____

Notes: _____

▶ SELECT OUTBOUND CARRIER

Designated GROUND Carrier - UPS Freight
 Designated AIR Carrier - NA
 Other Ground Carrier ** _____
 Other Air Carrier ** _____
 Other Van Line ** _____

! **** NOTE:** Designated Ground and Air carriers are listed in the "SELECT OUTBOUND CARRIER" section above. If using other carriers:
IT IS THE RESPONSIBILITY OF THE EXHIBITOR TO CALL THEIR CARRIER AND ARRANGE FOR PICKUP WITHIN THE ALLOTTED MOVE-OUT TIME.
 Excel will load out shipment when your carrier arrives. EXCEL CANNOT BE RESPONSIBLE FOR ANY ITEMS LEFT UNATTENDED ON THE SHOW FLOOR.
 (See limit of liability outlined in Material Handling Rates) All shipments will be sent COLLECT unless specific instructions are included.
 Excel Decorators, Inc. Is not responsible for freight charges.

** Outbound UPS, FED EX and DHL Must have completed Air Bills with senders Account Number. Exhibitor is Responsible for Scheduling Pick-Up. **

▶ THIRD PARTY BILLING

Company Name _____ Billing Address _____ City, State, ZIP _____
 Payment Guaranteed By (PRINT) _____ Guarantor Signature _____ Phone Number _____ Date _____

Above prices include delivery of merchandise to designated spaces prior to show opening and removal at close of exhibit. All rental materials to remain the property of Excel Decorators. Prices quoted cover rental only. Payment in full of rental charges, including applicable sales tax, must accompany your advance order. Payment may be made by check, credit card or money order. Orders placed at the show will be charged STANDARD RATES. Charges due and payable upon presentation of invoice at the show. Signature denotes acceptance of payment terms as set forth in the Excel Decorators, Inc. Payment Policy and Authorization Form. **ADVANCE PAYMENT IN FULL REQUIRED FOR ALL ORDERS. **CANCELLATIONS MADE AFTER MOVE-IN BEGINS RECEIVE NO REFUND.**

Add applicable tax on SUMMARY PAGE
 \$ _____
TOTAL

Name of EVENT/SHOW **Women's Living Expo 2015** BOOTH # _____ PHONE # () _____
 FIRM Name _____ PRINT YOUR Name _____ Date _____
 BILLING Address _____ City, State _____ ZIP _____
 SIGNATURE _____ Title _____ E-mail _____

To download forms, view rental items or for more information, please visit: www.exceldecorators.com