# **CARAVAN ORDER FORM**





COMPANY NAME:	BOOTH# :			
CONTACT NAME:	PHONE:			
EMAIL ADDRESS:				
	TRAVELM ADVENTURE SHOW.			
NEXT SHOW BOOTH#				
CONTACT NAME	PHONE			
NUMBER OF PIECES / LABELS				
	residential, Expedited Date Request, Lift Gate, Etc.)  TOMIZED QUOTE. PLEASE TURN IN THIS FORM PRIOR TO THE SHOW FOR THE BEST			
P	PAYMENT AUTHORIZATION			
pick up/ delivery via credit card, company check charge are to be made at show site.  NO CREDITS WILL BE MADE AFTER THE SHOW Company Check: Make Payable to: TS Shipper I	prior to handling freight services. Final freight charges must be settled in advance of freight k or wire transfers. Services will be denied without complete payment. All adjustments to  V CLOSING - Payment made by check must be in US dollars from a US Bank.  LLC, reference Show Name on check. Return checks are subject to a \$25 bounced check fee.			
All checks require a credit card on file. Mail check to: TS Shipper LLC - 1700 York Avenue Ste 2T - New York, NY 10128  Wire Transfer: If paying by wire transfer for TS Shipper LLC, include a \$25 surcharge for bank fees. Call for wire transfer details.				
Credit Card: For your convenience, TS Shipper LLC will use this authorization to charge your credit card account for your advance order, not paid by check or wire transfer, and any additional transportation orders placed by your show site representative.  **TS Shipper LLC is not associated with the show decorator and material handling charges incurred for the movement of your freight from the show dock to your booth is the sole responsibility for you, the exhibiting company.				
Cardholder:	Email:			
Account #:	Exp. Date: Security Code:			
Billing Address:	City/ST/Zip:			
Signature	Date:			



# Reserve Your Shipment Today with the Official Show Carrier

# Fast, Reliable, Secure Trade Show Transportation!



## **Atlanta**

Georgia International Convention Center January 11-12, 2025



# Don't wait for your freight, let your freight wait for you!

TS SHIPPER is the most comprehensive shipping company that directly services the trade show industry.

TS SHIPPER specializes in time sensitive trade show freight, across the country!

#### **Freight Services**

- Local Deliveries
- Caravan Services
- Ground Shipments
- Storage
- Air Shipments
- Full Truck Load Services

\*\*\* Personal presence at the shows to make sure everything goes smoothly

\*\*\* Special discounted Show Rates \*\*\* Pre-printed bills of lading and shipping labels

Requesting a shipping quote has never been easier – 3 ways to contact us



**CALL US AT 216-566-5953** 



#### TS SHIPPER LLC - INBOUND FORM



1700 York Avenue, Suite 2T, New York, NY 10128 Phone: (216) 566 - 5953 Fax: (866) 728 - 3775

Show Name: _	
Show Dates: _	
Venue:	

Phone: (216) 566 - 5953 Fax: (866) 72	28 - 3775
CONTACT INFORMATION	
COMPANY:	CONTACT NAME:
ADDRESS:	
PHONE:	EMAIL:
PICK UP LOCATION	
COMPANY NAME:	CONTACT NAME:
STREET ADDRESS:	
CITY	STATE / COUNTRY:
ZIP / POSTAL CODE:	PHONE:
SHIPPING DESTINATION	
COMPANY NAME:	
SHOW NAME	ВООТН #:
STREETADDRESS:	CITY
STATE / COUNTRY:	ZIP / POSTAL CODE:
ONSITE CONTACT:	PHONE:
TYPE OF SERVICE	
☐ Truck Load	☐ Deferred ☐ 2 <sup>nd</sup> Day Air
Overnight Air	☐ Economy / Standard Group ☐ 3 <sup>rd</sup> Day Air
ADDITIONAL SERVICES	
☐ Lift Gate	☐ Residential ☐ Inside Pick Up
Declared Value \$	(Declared Value can not exceed \$10,000)

Phone: 216-566-5953 Email: info@tsshipper.com Quick Quote:TSshipper.com

## TS SHIPPER LLC - INBOUND FORM



1700 York Avenue, Suite 2T, New York, NY 10128 Phone: (216) 566 - 5953 Fax: (866) 728 - 3775

Show Name:	
Show Dates:	
Venue:	

SHIPPING INFORMATION					
			e:		
			e:		
Number of Pieces	Length	Width	Height	Weight	
Hazardous Materials:	ES (O		Total Weight:		
ADDITIONAL INFORMATION OR INSTRUCTIONS					

For an online Quick Quote, go to www.tsshipper.com

Send completed form to info@tsshipper.com or fax to 866-728-3775

For questions call us at 216-566-5953

Phone: 216-566-5953

## TS SHIPPER LLC - INBOUND FORM



1700 York Avenue, Suite 2T, New York, NY 10128 Phone: (216) 566 - 5953 Fax: (866) 728 - 3775

Show Name:	
Show Dates:	
Venue:	

PAYMENT AUTHORIZATION				
EXHIBITING COMPANY:			ВООТН#_	
ADDRESS:			SHOW:	
			ONSITE C	
ORDERED BY:			CELL:	
PHONE:			QUOTE	CD AMOUNT:
EMAIL:				
YOUR SIGNATURE ON THIS PAYMENT AUTORIZATION	ON DENOTES ACCEPTANCE ON	I ALL TERMS & CON	IDITIONS INCLUDED ON THIS F	ORM AND IN YOUR SERVICE MANUAL.
Terms:  TS Shipper requires a credit card authorization process of the control of				
via credit card, company check or wire transfers NO CREDITS WILL BE MADE AFTER SHO				
Company Check: Make Payable to TS Shippe All Checks require a credit card on file. Mail C				
Wire Transfer: If paying by wire transfer for	TS Shipper LLC, include a	\$25.00 surcharge	for bank fees. Call for win	e transfer details.
<b>Credit Card:</b> For your convenience, TS Shipp check or wire transfer, and any additional transf				our advance order, not paid by
TS Shipper LLC is not associated with the show your booth is the sole responsibility of you / the		dling charges inc	urred for the movement of y	our freight from the show dock to
		<b>O</b> VISA	MasterCard	American Express
Payment Information:		<u>-</u> 2	<del></del>	American Express
Credit Card Number:				American Express
· · · ·		<u> </u>		(3 digits), Amex (4 digits)
Credit Card Number:	VID Code: _		Visa / Master Card	(3 digits), Amex (4 digits)
Credit Card Number: /  Expiration Date: /  Name (as it appears on the card):	VID Code: _		Visa / Master Card	(3 digits), Amex (4 digits)
Credit Card Number: / / Name (as it appears on the card): Cardholder's Signature	VID Code: _		Visa / Master Card	(3 digits), Amex (4 digits)
Credit Card Number:  Expiration Date:/  Name (as it appears on the card):  Cardholder's Signature  Credit Card Billing Address:	VID Code: _		Visa / Master Card	(3 digits), Amex (4 digits)
Credit Card Number: /   Expiration Date: /   Name (as it appears on the card):   Cardholder's Signature  Credit Card Billing Address:  Street:	VID Code: _		Visa / Master Card	(3 digits), Amex (4 digits) //
Credit Card Number: Expiration Date: / Name (as it appears on the card):  Cardholder's Signature  Credit Card Billing Address:  Street: City:	VID Code: _		Visa / Master Card	(3 digits), Amex (4 digits) /
Credit Card Number: /   Expiration Date: /   Name (as it appears on the card):   Cardholder's Signature  Credit Card Billing Address:  Street:	VID Code: _	Country: (if n	Visa / Master Card	(3 digits), Amex (4 digits)  Date



## TS SHIPPER OUTBOUND FORM

1700 York Avenue, Suite 2T, New York, NY 10128 Phone: (216) 566-5953 Fax: (866) 728-3775

Email: info@tsshipper.com

Show Name	
Show Dates	
Venue	

Booth Number \_\_\_\_\_

Company Name \_\_\_\_\_

OUTBOUND SHIPMENT DETAILS			
Company / Business Name			
Street A	Address		
Show Name (if applicable)	City	State	
Contact Name & Number	Zip/Postal Code		
Economy / Deferred (4 - 7 Business Days)	2nd Day		
3rd Day	Next Day		
Piece Count Estimate Total Weight Estimate			
Additional Information or Instructions			