

**Reserve Your
Shipment Today with
the
Official Show Carrier**

Fast, Reliable, Secure Trade Show Transportation!



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
- Ground Shipments
- Air Shipments
- Caravan Services
- Storage
- 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



EMAIL US AT INFO@TSSHIPPER.COM



CALL US AT 216-566-5953



GO ONLINE AT WWW.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: New York Travel & Adventure Show

Show Dates: January 24-25, 2026

Venue: Jacob K. Javits Convention Center

CONTACT INFORMATION

Company Name:

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:

Booth #:

Street Address:

City:

State / Country:

Zip / Postal Code:

Phone:

Onsite Contact:

TYPE OF SERVICE

Truck Load

Deferred

2nd Day Air

Overnight Air

Economy / Standard Group

3rd Day Air

ADDITIONAL SERVICE

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: www.TSSHIPPER.com

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SHIPPING INFORMATION

Pickup Date: Pick Up Time: (4 Hour Window)

Delivery Date: Delivery Time (4 Hour Window)

Number of Pieces	Length	Width	Height	Weight

Hazardous Materials: Yes No

Total Weight:

ADDITIONAL INFORMATION OR INSTRUCTIONSSend completed form to info@tsshipper.com or fax to 866-728-3775

Phone: 216-566-5953

Email: info@TSSHIPPER.comQuick Quote: www.TSSHIPPER.com



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PAYMENT AUTHORIZATION

EXHIBITING COMPANY: _____

BOOTH # _____

ADDRESS: _____

SHOW: _____

ONSITE CONTACT: _____

ORDERED BY: _____

CELL: _____

PHONE: _____

QUOTED AMOUNT: _____

EMAIL: _____

\$ _____

YOUR SIGNATURE ON THIS PAYMENT AUTHORIZATION DENOTES ACCEPTANCE ON ALL TERMS & CONDITIONS INCLUDED ON THIS FORM AND IN YOUR SERVICE MANUAL.

Terms:

TS Shipper requires a credit card authorization prior to handling any freight. Final freight charges must be settled in advance off freight pick up / delivery via credit card, company check or wire transfers. Services will be denied without complete payment. All adjustments to charges are to be made at show site. NO CREDITS WILL BE MADE AFTER SHOW CLOSING. Payment made by check must be in US Dollars from a US Bank

Company Check: Make Payable to TS Shipper LLC and reference the Show Name on the check. Return checks are subject to a \$25.00 bounced check fee. All Checks require a credit card on file. **Mail Check to:** TS Shipper LLC, 1700 York Avenue, Suite 2T, New York, NY 10128

Wire Transfer: If paying by wire transfer for TS Shipper LLC, include a \$25.00 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 of you / the exhibiting company.

Payment Information:

☐ VISA

☐ MasterCard

☐ American Express

Credit Card Number: _____

Expiration Date: _____ / _____ VID Code: _____ Visa / Master Card (3 digits), Amex (4 digits)

Name (as it appears on the card): _____

Cardholder's Signature

Date

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: (if not US) _____

Telephone: _____ Email: _____

The above cardholder named hereby authorizes TS Shipper LLC to charge my card.

As the credit card holder, I also authorize TS Shipper LLC to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: _____ / _____ Initials Here: _____

TS SHIPPER LLC - OUTBOUND FORM**1700 York Avenue, Suite 2T, New York, NY 10128****Phone: (216) 566 - 5953 Fax: (866) 728 - 3775**

Show Name: New York Travel & Adventure Show

Show Dates: January 24-25, 2026

Venue: Jacob K. Javits Convention Center

Company Name

Booth Number

Company / Business Name**Street Address****Show Name (if applicable)****City****ST****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**

CARAVAN ORDER FORM



Deadline Date: 01/08/2026

RETURN TO: Expo Event Services • 1700 York Ave Suite 2T • New York, NY 10128 • P: (201) 300-2782 • F: (917) 591-8316 • Email: orders@expoeventservices.com

COMPANY	EMAIL ADDRESS	BOOTH NUMBER
AUTHORIZED CONTACT SIGNATURE	AUTHORIZED CONTACT - PLEASE PRINT	DATE

SHIP TO	
---------	--

NEXT SHOW BOOTH# _____

CONTACT NAME _____ PHONE _____

NUMBER OF PIECES / LABELS _____

SPECIAL DELIVERY INSTRUCTIONS: (Residential, Expedited Date Request, Lift Gate, Etc.)

**** PLEASE CALL DANIELLE TULLO FOR CUSTOMIZED QUOTE. PLEASE TURN IN THIS FORM PRIOR TO THE SHOW FOR THE BEST RATES****

PAYMENT AUTHORIZATION

TERMS:

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NO CREDITS WILL BE MADE AFTER THE SHOW CLOSING - Payment made by check must be in US dollars from a US Bank.

Company Check: Make Payable to: TS Shipper 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

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Cardholder: _____ Email: _____

Account #: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____ City/ST/Zip: _____

Signature: _____ Date: _____