



RETURN ORIGINAL TO SERVICE DESK

Material Handling #

Material Handling Agreement

Complete and return all copies to the Hargrove Service Center once all materials are packed, labeled and ready for shipment.

Hargrove Validation Date: _____ Time: _____ am/pm Initials: _____

Shipped From:		Circle the number of shipments in your booth: 1 2 3 4 5 or more: _____	
Booth #: YOUR BOOTH NUMBER	Ship To Address (consignee):		
Show: SHOW NAME	Company Name: COMPANY NAME		
Date:	Address:		
Exhibitor: COMPANY NAME	City:		
Facility: VENUE	State: _____ Country: _____ Postal Code: _____		
Carrier Information:		Contact: _____ Phone: _____	
Carrier Name: CARRIER NAME	Bill Freight Charges to (if different than Ship To Address):		
<input type="checkbox"/> Ground <input type="checkbox"/> Next Day	Company Name:		
<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Address:		
If the above named carrier fails to pick up, please advise Hargrove how to proceed:	City:		
Reroute	State: _____ Country: _____ Postal Code: _____		
<input type="checkbox"/> Ground <input type="checkbox"/> Next Day	Contact: _____ Phone: _____		
<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			
<input type="checkbox"/> Return to Warehouse at my expense (if available)			
Signature:			

Checker Piece Count	Exhibitor Piece Count	Description of Articles, Special Marks and Exceptions	Color	Estimated Weight
	INDICATE	Crates (Wooden)		
	THE NUMBER	Cartons (Cardboard)		
	OF PIECES	Cases/Trunks (Plastic)		
		Skids/Pallets		
		Carpets		
		Carpet Padding		
		Other (Description)		

Exhibitor shall be responsible for all shipping charges incurred. Exhibitor's signature (or the signature of exhibitor's agent) to the right denotes acceptance of the terms and conditions set forth by Hargrove in the Limits of Liability in the exhibitor service manual for this show. By accepting this Bill of Lading, Hargrove assumes no responsibility for shipments left in booth by exhibitor. All materials are subject to final count and correction at time of actual removal from booth.

This Bill of Lading was completed by:

Exhibitor or Agent Name (print): PLEASE PRINT YOUR NAME

Exhibitor or Agent Signature: PLEASE SIGN YOUR NAME

Place Carrier Pro# here	Date Loaded:	Checker Signature:
	Start Time: _____ am/pm	Finish Time: _____ am/pm
	Carrier:	
	Trailer #:	Pieces Received:
	Driver Signature:	Date: _____ Time: _____ am/pm