

# MATERIAL HANDLING AGREEMENT

INSTRUCTIONS: COMPLETE ALL SHADED AREAS. RETURN COMPLETED AGREEMENT TO SERVICE DESK WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT.

SHIPPER'S NUMBER

242051-144

MHA #: 144

PLACE PRO NUMBER HERE

DATE 06/28/2010 10:17 AM

BOOTH NO. YOUR BOOTH #

DATE/TIME RECEIVED \_\_\_\_\_ AM  
PM

**FROM:**

**YOUR COMPANY NAME**  
VISA

SHOW NAME  
FACILITY  
CITY, ST ZIP

**TO:**

**YOUR COMPANY NAME**  
YOUR ADDRESS

YOUR CITY, TX 75248  
CONTACT NAME & PHONE

IN THE EVENT YOUR SELECTED CARRIER FAILS TO SHOW ON FINAL MOVE-OUT DAY, PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

1.  RE-ROUTE VIA FREEMAN'S CHOICE

2.  DELIVERY BACK TO WAREHOUSE AT EXHIBITOR'S EXPENSE

\_\_\_\_\_

SIGNATURE

**SPECIAL INSTRUCTIONS**

DECLARED VALUE: \$ \_\_\_\_\_ (Optional)

CARRIER \_\_\_\_\_ PHONE # \_\_\_\_\_

YOUR CARRIER NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

RE-ROUTE VIA \_\_\_\_\_ BY \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM PM

CIRCLE NUMBER OF SEPARATE DESTINATIONS IN EACH DESTINATION: 1 2 3 4 OR MORE

Desired Level of Service

Air Freight will be billed on Actual or Dimensional Weight, whichever is greater.

Standard  Specialized  Next Day Air  2nd Day Air  3-5 Day Service

CHECKER	NO. PIECES	DESCRIPTION AND EXCEPTIONS, USED/RECHECKED PARAPHERNALIA, EXHIBIT NO., DIMENSIONS, NET WT, NCS	WEIGHT (LB) SUBJ TO CORR.
		Crates (wooden)	
		Cartons (card)	
		Trunks / Cases (fiber / color)	
		Slids / Pallets (shrinkwrapped / Loose)	
		Carpets (color) (Wrapped / Loose)	
		Carpet Padding Rolls (Wrapped / Loose)	

DATE/TIME CARRIER SIGNED \_\_\_\_\_

TOTAL WEIGHT \_\_\_\_\_

BY SIGNING THIS AGREEMENT, YOU ARE AGREEING TO BE BOUND BY FREEMAN'S TERMS AND CONDITIONS. THESE TERMS AND CONDITIONS ARE IN YOUR SHOW KIT OR CAN BE OBTAINED AT THE SERVICE DESK. BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS. EXHIBITOR SHALL BE RESPONSIBLE FOR ALL SHIPPING CHARGES INCURRED. EXHIBITOR'S SIGNATURE (OR THE SIGNATURE OF EXHIBITOR'S AGENT) CERTIFIES & WARRANTS THAT ITS FREIGHT CONTAINS NO HAZARDOUS MATERIALS.

IF NEITHER BOX IS CHECKED, SHIPMENT WILL BE SENT COLLECT. COLLECT  PREPAID

**BILL FREIGHT CHARGES TO:**

**YOUR COMPANY NAME**  
YOUR ADDRESS  
DALLAS, TX 75248

CHECKER NAME \_\_\_\_\_ DATE LOADED \_\_\_\_\_

TRAILER NO. \_\_\_\_\_ START TIME \_\_\_\_\_

FINISH TIME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

BY SIGNING THIS, I AGREE TO ENTER AT MY OWN RISK AND HOLD FREEMAN HARMLESS FROM ALL LIABILITY ARISING FROM MY ACTIVITIES ON THE PREMISES.

EXHIBITOR **KRISTINE ACCESSORIES**

SIGNATURE \_\_\_\_\_ PRINT NAME \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

CARRIER **AIRWAYS FREIGHT**

DRIVER SIGNATURE \_\_\_\_\_ DRIVER PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_ PIECES RECEIVED \_\_\_\_\_