



MAXUM EXPO SERVICES

FOR MAXIMUM SHOW COVERAGE
P.O. BOX 54 MT. EPHRAIM, NJ 08059

PHONE: 856-933-2081 FAX: 856-933-2083

MES Express Outbound Shipping Form STRAIGHT BILL OF LADING - NOT NEGOTIABLE

**INSTRUCTIONS: COMPLETE AND RETURN BILL OF LADING TO SERVICE DESK
WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT**

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of the Bill of Lading Date/Time Received _____ A.M./P.M.

FROM:
 Exhibiting Company Name: _____ Booth #: _____
 Shipping Location (Exhibit Facility): _____ City: _____ State _____
 Name of Event /Show: _____ Date Prepared: _____

The property described below, in apparent good order, except as noted (contents and condition of packages unknown) marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) Uniform Freight Classification in effect on the date hereof, if this is a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms of said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns

TO:
 Consigned to (ship to): _____
 Attention _____
 Destination (Street Address) _____
 City: _____ State: _____ Zip Code: _____

PLEASE NOTE: ALL CHARGES WILL BE BILLED TO THE CREDIT CARD MAXUM EXPO SERVICES HAS ON FILE

Method: **MES RDWY/YLLW GROUND** **MES ARWYS EXPRESS**

BY ACCEPTING THIS BILL OF LADING, MAXUM EXPOSITION SERVICES ASSUMES NO RESPONSIBILITY FOR SHIPMENT LEFT IN BOOTH BY EXHIBITOR. ALL MATERIALS ARE SUBJECT TO FINAL COUNT AND CORRECTION AT TIME OF ACTUAL REMOVAL FROM BOOTH. MAXUM EXPOSITION SERVICES RESERVES THE RIGHT TO RE-DIRECT ANY OUTGOING SHIPMENT VIA AN ALTERNATE CARRIER IN THE EVENT THE DESIGNATED CARRIER FAILS TO PICK UP THE SHIPMENT. MAXUM EXPOSITION SERVICES ASSUMES NO RESPONSIBILITY FOR MISDIRECTED SHIPMENTS AS A RESULT OF OLD SHIPPING LABELS WHICH REMAIN ON CONTAINERS. It is the shippers responsibility to state the National Motor Freight classification commodity Description, otherwise shipment shall be described as Exhibition Materials.

# of Pieces	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight (Sub to Cor)	Class or Rate	Check Column	Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges
	Crates (Wooden) Exhibition Material N O I K D F				
	Cartons (Cardboard)				
	Fiber Cases/Trunks				
	Skids/Pallets				
	Carpets (color _____)				
	Other				

Freight Items	
Counted	Loaded
Checker Initials: _____	
Time Checked: _____	

FREIGHT CHARGES GUARANTEED BY:
Shipper certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification of tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns

Shipper: **MAXUM Expo Services** Attention: **Accounts Payable**
 Permanent Address of Shipper Street: **417 North Black Horse Pike**
 City: **Mount Ephraim** State: **New Jersey** Zip: **08059**
 Shipper Signature: _____
 Shipper (Print Name): _____
 Telephone Number: (856) 933- 2081

Received in apparent good order, except as noted:
 Carrier Name: _____
 Agent/Driver: _____
 Date _____ Time: _____

This Bill of Lading is to be signed by the shipper and agent of the carrier.