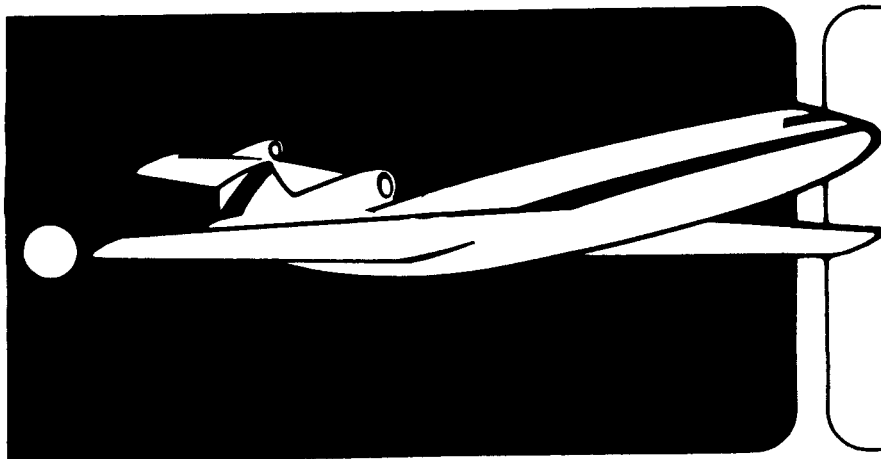


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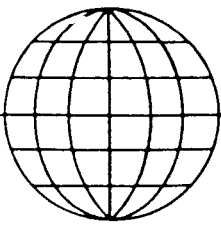


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SHIPPER				COMPANY SHIPPING TO															
PICK-UP ADDRESS				ADDRESS															
CITY		STATE		ZIP		CITY				STATE		ZIP							
PERSON TO CONTACT				PHONE #				NAME OF SHOW				PHONE #							
NAME OF SHOW				BOOTH #				DRAYAGE CONTRACTOR				BOOTH NO.							
BILL CHARGES TO OR CREDIT CARD # / EXP.				PHONE #				REQUESTED DELIVERY DATE											
ATTENTION				FAX:				DIMENSIONAL WEIGHT			DIMENSIONAL WEIGHT			DIMENSIONAL WEIGHT					
STREET ADDRESS				EMAIL:				PCS	L	W	H	PCS	L	W	H	PCS	L	W	H
CITY		STATE		ZIP															
Priority <input type="checkbox"/>		Standard 2 Day <input type="checkbox"/>		Deferred 3-5 Days <input type="checkbox"/>		Special Pickup <input type="checkbox"/>		Special Delivery <input type="checkbox"/>		P.O.D. Requested Contact <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN									
						AM <input type="checkbox"/> PM <input type="checkbox"/>		AM <input type="checkbox"/> PM <input type="checkbox"/>											
NO. OF PCS TOTAL	DESCRIPTION OF PIECES - NATURE OF CONTENTS MARKS AND NO'S					<input type="checkbox"/> CO. CHECK OK		<input type="checkbox"/> CERTIFIED CHECK ONLY		F.C.C.O.D. \$									
	_____ CARTONS OR BOXES _____ VINYL CASES OR TRUNKS _____ WOODEN CRATES _____ FLAT PIECES OR TUBES _____ SKIDS OR PALLETS _____ OTHER:					WEIGHT		RATE SCALE		WT. RATE									
								ACTUAL WEIGHT		PICK UP									
								DIM. WT.		DEL.									
SPECIAL INSTRUCTIONS						<input type="checkbox"/> INSURANCE \$				INS.									
								SPECIAL SERVICES		SPEC'L									
										FUEL SURCHG.									
BUSINESS HOURS _____ PICK-UP DATE _____																			
<p>In the event of loss, destruction, or delay, it is agreed that the value of the shipment shall not be more than 50¢/lb or \$50. per shipment, whichever is less, unless separately declared and insured as herein provided. CFS, Inc. shall have no responsibility for the performance of any acts not clearly specified herein. The invoice for shipment by CFS, Inc. is due and payable upon receipt. If not paid within 10 (ten) days of receipt, the account will be deemed overdue and, acknowledging the fact that the damage to CFS, Inc. is difficult to ascertain, a late payment fee computed at the rate of 1 1/2% of the shipper's outstanding balance or \$20/month, whichever is greater, shall be charged for each month or part thereof that the account remains outstanding. If the account is not paid within 30 (thirty) days of its due date then CFS, Inc. shall assign said account for collection and, in addition to the amounts above set forth, the undersigned agrees to pay such additional charges as CFS, Inc. may incur including collection agency fees, court costs, and attorney fees. Any claims for damage to a shipment, shortages, or late delivery does not constitute a claim for non-payment. This contract shall be deemed to have been executed in Arlington, Virginia. If any legal action is taken to enforce any provision of this agreement, it shall be commenced and maintained in Arlington, Virginia. In testimony hereof, the undersigned directly, or through his signing agents, agrees to the above terms as well as those stated on the reverse side hereof.</p>						REMIT PAYMENT TO: CONVENTION FREIGHT SERVICES, INC. P.O. BOX 6641 ARLINGTON, VA 22206 (703) 521-4705						ADD'L CHARGES							
												SUB TOTAL							
												TOTAL							
												BILLED AT		AIRBILL NUMBER					
X		X		DATE		TIME		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.											