



CONVENTION FREIGHT SERVICES, INC.
T/A WORLD EXPRESS

Mailing Address
P.O. Box 4806
Alexandria, VA 22303
(703) 518-4720

FAX: (703) 518-4729

Airport Office
1325-B Wilkes Street
Alexandria, VA 22314
(703) 518-4720

BILLED AT
DCA

AIRBILL NUMBER

PLEASE REFER TO ENTIRE NUMBER

DATE	ORIGIN CODE	DEST. CODE	VIA
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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		COMPANY EXHIBITING		BOOTH #		DRAYAGE CONTRACTOR		COMPANY EXHIBITING		BOOTH #									
PERSON AT SHOW				CELL PHONE #				PERSON TO CONTACT				PERSON AT SHOW		CELL PHONE #					
BILL CHARGES TO OR CREDIT CARD #EXP				PHONE #				REQUESTED DELIVERY DATE											
ATTENTION OR NAME ON CREDIT CARD				FAX				DIMENSIONAL WEIGHT			DIMENSIONAL WEIGHT			DIMENSIONAL WEIGHT					
								PCS	L	W	H	PCS	L	W	H	PCS	L	W	H
STREET ADDRESS				E-MAIL															
CITY			STATE	ZIP															
Priority <input type="checkbox"/>		Standard 2 Day <input type="checkbox"/>		Deferred 3-5 Day <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 ↓ Show Opens Date Time Show Closes Date Time CFS Will be Returning Shipment at Close of the Show Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="checkbox"/> INSURANCE \$				INS.											
								SPECIAL SERVICES				SPEC'L							
												FUEL SURCHG.							
BUSINESS HOURS _____ PICK-UP DATE _____																			
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 \$50.00 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 damage to the CFS, Inc. is difficult to ascertain, a late payment fee computed at the rate of 1 1/4% 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 "cause" for non-payment. This contract shall be deemed to have been executed in Alexandria, Virginia. If any legal action is taken to enforce any provision of the agreement, it shall be commenced and maintained in Alexandria, Virginia. By execution hereof, the undersigned directly or through his signing agents agrees to the above terms as well as those stated on the reverse side hereof.				REMIT PAYMENT TO: CONVENTION FREIGHT SERVICES, INC. P.O. BOX 4806 ALEXANDRIA, VA 22303 (703) 518-4720				ADD'L CHARGES											
								SUB TOTAL											
								TOTAL											
X SHIPPER SIGN HERE X PLEASE PRINT LAST NAME				X TRUCKER SIGN HERE DATE _____ TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM				BILLED AT DCA				AIRBILL NUMBER							