



LibertyCFS NV, Inc.

A Veteran Owned Company
Delivering Freedom


exhibitorservices@libertycfs.us

www.libertycfs.us

Tel. (905) 338-3993 Fax: (905) 338-1092

FREIGHT & CUSTOMS ORDER FORM

1 Please accept this form as authority for LibertyCFS NV, Inc. to provide the services listed below. A second form is required for additional events.

Adobe Acrobat Reader DC may be required for completion of form. Click image to download 

Freight & Customs
Freight Only
Customs Only
Return Only

2a **PICK-UP LOCATION**

Company Name _____

Address1 _____

Address2 _____

City _____ State _____ ZipCode _____

Contact _____ Phone # _____

Email _____ IRS/Tax ID# _____

3 **DELIVERY TO ADDRESS**

Exhibiting Company Name _____ Booth # _____

Show Name _____

Address1 _____

Address2 _____

City _____ State _____ ZipCode _____

Onsite Contact _____ Cell Phone # _____

2b **SERVICES**

P/U Date _____ Hours _____ From _____ To _____

Dlvy Date _____ Hours _____

Express	Economy LTL 7 - 10 Days	Int'l
Inside	Liftgate	Dock
Other	_____	

4 **RETURN TO**

Check Box if the Return address is the same as 2a

Shipper _____

Address1 _____

Address2 _____

City _____ State _____ ZipCode _____

Contact _____ Phone # _____

PU Date _____ Arrive by _____

5 **PACKAGE INFO**

Carton(s)/Box _____

Vinyl Case(s)/Color _____

Wooden Crate(s) _____

Trunk(s) / On Wheels _____

Skid(s) - to contain # _____ of pieces




PCS	DIMENSIONS (L x H x W)	WGT
TOTAL PIECES		TOTAL WEIGHT

6 **VALUE** **Declared Value for Carriage:** The declared value for carriage of this shipment is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds of that part of the shipment lost or damaged but not less than \$50.00 per shipment unless a value is declared below and applicable charges paid thereon. The liability of Carrier for loss/damage are subject to the terms and conditions. LibertyCFS NV, Inc charges 4% per \$1000, Min \$40.

Exclusion: Does not include TV(s)/Monitor(s)

DECLARED VALUE

7 **PAYMENT** **Credit Card Information / Billing Address**

Credit Card Number _____ Security Code _____ Exp. Date MM / YYYY

I hereby authorize the use of this card for payment of services related to this Order Form. I understand that declined credit cards are subject to a 30% surcharge.

Address _____ Signature _____

City _____ State _____ ZipCode _____

Phone _____ Email _____

Comments: Include any additional comments that will be helpful for the movement of freight and contents