

## EXHIBITION FREIGHT ORDER FORM

|               |
|---------------|
| <b>Event:</b> |
| <b>Venue:</b> |
| <b>Dates:</b> |

|                                     |                             |
|-------------------------------------|-----------------------------|
| <b>Method of shipment</b>           | <b>Airfreight</b>           |
| <b>Outbound or return transport</b> | <b>One way / Round trip</b> |

| No. of Pkgs | Length | Width | Height | Volume | Weight | Value |
|-------------|--------|-------|--------|--------|--------|-------|
|             |        |       |        |        |        |       |
|             |        |       |        |        |        |       |
|             |        |       |        |        |        |       |
|             |        |       |        |        |        |       |

|                           |   |
|---------------------------|---|
| <b>Collection details</b> |   |
| Address:                  | Collection date   |
|                           | Opening times   |
|                           | Special equipment required as below Y/N<br>e.g. tail-lift |

Or

|   |
|---|
| We will deliver to NeosLogistics freight depot warehouse on |
|---|

|   |  |    |   |
|---|--|----|---|
| We accept NeosLogistics quotation dated |  | of | £ |
|---|--|----|---|

We agree to pay all charges in accordance with NeosLogistics payment terms of 7 days

|                         |  |         |  |
|-------------------------|--|---------|--|
| <b>Invoice details</b>  |  |         |  |
| Invoice address         |  | Contact |  |
| If different from above |  | Tel     |  |
|                         |  | Fax     |  |
|                         |  | E-mail  |  |

|                                     |  |                         |       |
|-------------------------------------|--|-------------------------|-------|
| <b>Contact details at the event</b> |  |                         |       |
| Name of representative              |  | Date of arrival on site |       |
| Hotel name                          |  | Time of arrival         | am/pm |
| Hotel Tel                           |  | Hall                    |       |
| Mobile                              |  | Stand                   |       |

|                      |                     |
|----------------------|---------------------|
| <b>Authorization</b> |                     |
| Signature            | Position in Company |
| Print Name           | Date                |

**Please complete and fax back to us on +44 (0)20 8877 3681**  
**Or email to [sales@neoslogistics.com](mailto:sales@neoslogistics.com)**  
**Or call our team on +44 (0)20 8877 7780**