

FOR GES USE ONLY  
LOGISTICS ROUTING

JOB#

CUSTOMER# CC ON FILE

RECEIVED (DATE/TIME/NAME)



DRIVER AFFIX  
PRO NUMBER  
LABEL HERE

**PRESS HARD - YOU ARE MAKING 5 COPIES  
ORDER FORM FOR MATERIAL HANDLING SERVICES  
STRAIGHT BILL OF LADING - NOT NEGOTIABLE**

**INSTRUCTIONS:** MUST BE LEGIBLY PRINTED IN INK. COMPLETE ALL SHADED AREAS, RETURN COMPLETED AGREEMENT TO GES SERVICENTER® WHEN MATERIALS ARE PACKED AND READY FOR SHIPMENT.

BAR CODE

**FROM:**

Exhibiting Company Name ABC Manufacturing Booth No. 123  
Shipping Location/Exhibit Facility McCormick Place City Chicago State IL Zip 60605  
Name of Event ProMat Date Prepared \_\_\_\_\_

NUMBER OF SEPARATE SHIPMENTS IN BOOTH: **1** 2 3 4 OR MORE

**TO:**

Consigned to (Ship to) \_\_\_\_\_ Booth No. \_\_\_\_\_  
Destination (Street Address) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Attention \_\_\_\_\_ Phone \_\_\_\_\_ Name of Event \_\_\_\_\_

SHIP VIA:  GES Logistics  Other Carrier Olympic Logistics  Exhibitors Vehicle/Other \_\_\_\_\_

MODE:  Ground  Air ( Next Day,  2nd Day)  Vanline  International ( DTA  DTD)  Residential  Inside  Lift Gate

HAZARDOUS MATERIALS CONTACT NUMBER (312) 555 - 5555

↓ Mark "X" in the H/M column to designate hazardous materials as defined in Department of Transportation Regulations

CHECKER	H/M	PIECES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (Sub. to Cor.)
			Crates (wooden) Exhibition Material KD	
			Cartons (Cardboard)	
			Fiber Cases/Trunks	
		4	Skids/Pallets	900
			Carpets (Color _____)	
			Padded Display	
			Machines	
			Miscellaneous (need description)	
		4	TOTAL	900

FOR GES USE ONLY

TRAILER NO.

DATE/TIME LOADED

CHECKER SIGNATURE

**BILL FREIGHT CHARGES TO:** Company Name ABC Manufacturing Attention John Doe  
Permanent Address of Company: Street 100 E Roosevelt  
City Chicago State IL Zip 60605  
Telephone No. ( 312 ) 555 - 5555 Fax No. ( ) \_\_\_\_\_ - \_\_\_\_\_

**EXCEPTION INFO**

CAUSE

ACTION

DATE/TIME

NAME

**IN THE EVENT SHIPMENT HAS NOT BEEN PICKED UP BY THE SHOW DEADLINE, GES IS AUTHORIZED TO:**

Use GES Logistics or carrier of GES choice to provide transportation and charge credit card, or invoice according to GES payment policy.

Return shipment to warehouse, assess all associated charges and charge credit card, or invoice according to GES payment policy.

(FAILURE TO SELECT ONE OF THE ABOVE OPTIONS WILL RESULT IN ROUTING AT GES DISCRETION, FREIGHT WILL MOVE AT CLASS-125, UNDER THE NMFC. ALL APPLICABLE TRANSPORTATION CHARGES WILL APPLY)

**NOTE 1: STOP! YOU MUST READ THE BACK OF THIS FORM BEFORE GOING ANY FURTHER....**

**I HAVE READ THE TERMS AND CONDITIONS SET FORTH ON THE BACK OF THIS FORM AND I UNDERSTAND THE CONTENTS THEREOF.**

**I HAVE THE AUTHORITY TO BIND THE ABOVE-REFERENCED EXHIBITING COMPANY, WHICH HEREBY ACCEPTS THE TERMS AND CONDITIONS SET FORTH ON BOTH SIDES OF THIS FORM.**

**NOTE 2: LIABILITY IS LIMITED TO \$0.50 PER POUND PER PACKAGE, \$100.00 PER PACKAGE, OR \$1,500.00 PER OCCURRENCE, WHICHEVER IS LESS.**

**NOTE 3: Declared Value \$20,000. Excess Declared Value available from GES, up to \$20,000.00. Excess Declared Value not available for items listed in the GES Logistics Terms and Conditions.**

CHECK HERE, IF REQUESTING EXCESS DECLARED VALUE (\$2.00 PER \$100.00 OF EXCESS VALUATION WILL BE ASSESSED, \$100.00 MIN CHG.) DOMESTIC AIR AND INTERNATIONAL TRANSPORTATION, CHARGES WILL BE CALCULATED USING DIM OR ACTUAL WEIGHT WHICH EVER IS GREATER SHALL APPLY.

**CUSTOMER IS RESPONSIBLE FOR THEIR GOODS UNTIL THEY ARE PICKED UP BY THE CARRIER.**

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between GES and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by GES and are available to the shipper on request;

COMPANY NAME: ABC Manufacturing

BY: John Doe

PRINT NAME: John Doe DATE: 01/01/2026

This is to certify that the above named articles are properly packaged, marked and labeled, and are in proper condition for transportation according to the applicable government regulations.

Received in apparent good order, except as noted:

Carrier Name \_\_\_\_\_ Date \_\_\_\_\_

Agent/Driver (Signature) \_\_\_\_\_

Agent/Driver (Print) \_\_\_\_\_ Phone \_\_\_\_\_