## **CompleteXPO LOGISTICS**



Tell us where...We'll take you there!

omplete Logistics is the official carrier for all in– and outbound shipping for NeoCon East. We offer competitive rates and one-on-one customer service. Also, we make things easy for you by providing you with your completed bill of lading, shipping labels, shrink wrap and pallets on the outbound.

Please call now and speak
to one of our friendly and
experienced logistics
coordinators.

Call us! 407-786-3976







## Have you made your shipping arrangements?

One call can take care of your shipping needs... both INBOUND and OUTBOUND!

## ADVANTAGES TO USING YOUR OFFICAL SHOW CARRIER:

ON-SITE REPRESENTATIVE....

To assist you with all your shipping needs

COMPETITIVE RATES....

RPM offers standard and expedited service.

✓ DOOR TO DOOR TRACKING....

Locate your freight at any time with one call.

▼ TRUCKLOADS OF PERKS....

We'll complete your bill-of-lading for you, supply you with pre-printed labels, and provide shrink wrap and pallets on the outbound.

**CompleteXPO Services** 

411 W. Lake Brantley Rd. Altamonte Springs, FL 32714
Phone: (407) 786-3976 Fax: (407) 786-3977
Email: info@completexpo.com



## For Shipping Rates, please fax this form to 407-786-3977 For Shipping Questions, please call 407-786-3976 info@completexpo.com



Company Name:	(	Contact Name:		
Phone:Fax	Fax:Email:			
Event Name:		Booth N	lumber:	
	PICK-UP INFO	RMATION		
Date of Pick-Up:	Your Shipping/Receiving	Hours:	a.m. top.m	1.
Is this pick-up location:    Business Address of Pick-Up:	☐ Residence			
Pick-up Contact Name:				
IMPORTANT - After Hours Contact Name:			Phone:	
Is there a Loading Dock:  Yes If No, is this Inside Pick-Up: Yes Will this Pick-Up require: Lift Gate Is this Shipment: Round Trip Comments:	☐ One-Way Inbound	Hazardous Mate	rials 🔲 Other	tairs 
	DELIVERY INFO	_		
Date of Delivery:		☐ Direct to		
Delivery Address:				
Show Name:	Exhibitor Name:			Booth #:
	METHOD OF S	HIPMENT		
Ground: Less than a Truck Load Air: Overnight AM (by 12 Noon	Full Truck Load  Overnight PM (by	5PM) 🖵 Se	cond Day	3-5 Day
, d	WEIGHT AND D		sions)	
List Piece Descriptions		Width (inches)	Height (inches)	Estimated Weight (ll
Else Fiece Descriptions	Length (menes)	Width (inches)	ricigite (inches)	Listinated Weight (th
Total Pieces:			Total Weig	_   ht:
Payment Method:	Complete Logistics a	nd All Complete		····
☐ Credit Card (check card type & co ☐ Check* Enclosed: #  *NOTE: If paying by check	mplete info below):	☐ Visa ☐ M	asterCard 🔲 [	
Card Number	, you are required to provide a	ereare cara matriornza	eron as a gaarancee of pa	Exp. Date
Please enter the Security (CVV2) Code on your	card:			
Cardholder Name:		 Signature:		
Billing Address of Cardholder:				
City:			ZIP Code:	
	— OFFICE USE	ONLY —		