

CLASSIC CONVENTION SERVICES

(A Division of Classic Party Rentals)

3939 Ruffin Rd.

San Diego, CA 92123

(858) 496-9700

Fax (858) 496-2180

Attention: Leah Cafagna

DRAYAGE ORDER FORM

If you are shipping any exhibit materials, products, or ordering drayage services of any type, this form **MUST** be completely filled out, signed and returned.

Material Handling Rate per CWT (100lbs) = \$60.00

Shipment Weight (Round up to next 100 lbs.) _____ /100lbs = _____.
Weight CWT

Total CWT x \$60 = _____

**All Shipments must be prepaid to insure delivery
Please arrange for Classic to receive shipment 1 to 2 weeks prior to show**

**Send Drayage to: Classic Convention Services
3939 Ruffin Rd
San Diego, CA 92123**

INFORMATION ON SHIPMENTS TO THE SHOW

For _____ Booth # _____

From _____ (Name of Company) Via _____ (Name of delivering carrier)

Shipping Date _____ Approx. Arrival Date _____

No. of Shipments _____ Total No. of Containers _____ Total Weight of Shipment _____

Size of Largest Piece _____ Weight of Largest Piece _____

Contact/Representative _____ Phone# _____

IMPORTANT: In order to enable us to trace delayed shipments, we must have name of originating carrier, connecting carries and complete routing information. x_____ initial

INSTRUCTIONS AT CLOSE OF THE SHOW
(Please check one of the following)

Classic Party Rentals to bring back to our warehouse Client to ship direct from show

****If brought back to C.P.R.'s warehouse, CLIENT is responsible to pack and seal boxes, supply call tags and make all arrangements for pick up from C.P.R.'s warehouse.**

X_____ initial

Via: Motor frt. _____ Air frt. _____ Van Line _____ Other _____
Prepaid _____ Collect _____

Ship to Name: _____

Address: _____

City _____ State _____ Zip _____

Phone#(_____) _____ Number of pieces to be returned _____

*Packing, Sealing, Call Tags, Labels and Tape are available for an additional charge.

Payment Information

Company Check _____

Please make checks payable to: Classic Party Rentals

Credit Card Orders _____

Card Holders Name _____ Type of Card _____

Credit Card Number _____ Expiration Date _____

Card Holder's Signature _____

Card Holder's Billing Address _____

City/State/Zip _____