

Signature:



## IBS New York - ABS Chicago Caravan

COMPANY NAME	IBS NY BOOTH#	
CONTACT NAME	PHONE	
EMAIL ADDRESS:		
SHIP TO: Donald E. Stephens Convention Center   Rosemont, IL		
ABS CHICAGO - BOOTH NUMBER:		
CONTACT NAME	PHONE	
NUMBE	R OF PIECES/LABELS	
	dential, Expedited Date Request, Lift Gate, Etc.)	
PAYM	ENT AUTHORIZATION	1
delivery via credit card, company check or wire transfers. Se show site.  NO CREDITS WILL BE MADE AFTER THE SHOW CLOSING Company Check: Make Payable to: TS Shipper LLC, referer checks require a credit card on file. Mail check to: TS Shipper Wire Transfer: If paying by wire transfer for TS Shipper LLC, Credit Card: For your convenience, TS Shipper LLC will use wire transfer, and any additional transportation orders placed	nclude a \$25 surcharge for bank fees. Call for wire transfer details.  this authorization to charge your credit card account for your advance order, not paid by ch by your show site representative.  and material handling charges incurred for the movement of your freight from the show doc	neck or
Cardholder:	Email:	
Account #:	Exp. DateSec Code	
Billing Address:	City/ST/Zip:	