## Northeast Decorating & Exhibit Services

3360 Milton Avenue

Syracuse New York 13219

Phone: 315-471-9989 FAX: 315-471-0237

E-Mail: suzi@nede.net

### **CNYDC**

OnCenter Complex-Syracuse, NY September 12 & 13, 2024

# 

Job: 4319	NOTE: THERE IS	S A CHARGE FOR	R OUR FE	REIGHT SERVICE	BOOTH #_			
1) <b>FAX, E-MAIL</b> (	 OR MAIL FORM TO: N	ORTHEAST DECC	RATING.	3360 MILTON AVE	NUE, SYRACUSE	 E, NY 13219		
				REIGHT MUST BE S				
				OUR WAREHOUSE				
				RE-CONTRACTED W				
				R OUR OUTGOING DE				
5) <u>we do not </u>	ACCEPT C.O.D. DELIV	<u>ERIES. FREIGHT MU</u>	ST BE PRE	PAID OR WE WILL NO	OT ACCEPT, DELIVE	R OR HANDLE IT.		
NOTE**INBOU	ND SHIPMENTS MU	ST BE RECEIVED A	T OUR WA	REHOUSE, NO LATI	ER THAN SEF	<b>PT 4th</b>		
IF FREI	GHT CANNOT BE D	ELIVERED TO US B	Y THE ABO	OVE GIVEN DATE, P	LEASE CALL US F	OR AN		
				S DELIVERY TO THI				
<u>SHIP PREPA</u>	ID FREIGHT TO	Northeast Dec	corating	Phone: 315 -	471- 9989			
& SCHEDUL	<u>.E FREIGHT</u>	3360 Milton A	venue	Fax: 315 - 47	1- 0237			
<u>PICK UP'S F</u>	<u>ROM</u> :	Syracuse, NY	13219	(Fax machine is	s in secure office	e location)		
		UOT DE MADICE	 D 14/1711 C					
ALL INBOUN	ID SHIPMEN IS IN	<u>IUST BE MARKEI</u>	D WITH S	HOW NAME, EXP	IIBITING NAME	<u>&amp; BOOTH #</u>		
Exhibiting Name:		Address	Shipped Fro	m:				
Shipped Via:	Address Shipped From:  CONTACT PHONE #:()							
Date Shipped:		CONTACT NAME:						
**WE CANNOT	ACCCEPT FREIGH	T OVER 95" TALL #	# PCS:	_WT:DESCRI	PTION:			
			*** N/	 TE: WE REQUIRE	VOLID CADDIED	ΛCCT#		
	SHIPPING INSTRUCTION  BOUND FREIGHT M		<u> </u>	TIE. WE REQUIRE	TOUR CARRIER	ACCI#		
	SOOND I ILLIOITI III		FedE	x Acct#:	(n	ınder 150# each)		
omp to				Acct#:				
Address:				: RETURN SHIPM				
1 1dd1 C55				EED RETURN SHI				
				IDED, WE WILL U				
City. State. Zi	p:		TROV	DED, WE WILL C	BETIDO VETICO			
211), 21410, 21	Υ•		FOR	MOTOR FREIG	HT. WE WILL	NOT RETURN		
Attention				GHT UNLESS WE				
			<u> </u>	JIII GIVEEGG IVE	- 1111 (VE / ( 1 / ( O /	<u> LK BOL(O)</u>		
Phone: (	)		Carrier 8	& Phone:				
,			<u>Fedl</u>	Ex Ground Outl	bound: CALL	TAG SERVICE		
INDICATE R	<u>USH RETURN B</u>	Y DATES HERE		Y! You MUST m				
		PLI	EASE	FILL OUT F	PAGE TWO	D>>> >>>		

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( )Visa/MC/AMX #\_

WE REQUIRE ADDRESS FROM CC STATEMENT.

### CNYDC

**OnCenter Complex-Syracuse, NY** September 12 & 13, 2024

Exp Date: CVV:

Job: 4319	FRE	IGHT/DRAYAGE-	PAGE TW	<b>О</b> вооті	H #				
***NOTE: BO	OTH REP MUST	<b>PACK &amp; LABE</b>	L RETURN FRE	<b>IGHT &amp; LEAVE</b>	IN THE BOOTH				
	OUND SHIPMENTS & OU								
""NOTE: AFTER	THE SHOW, YOUR CA	ARRIER CAN PICK	UP FREIGHT HERE,	STARTING ON: IVIC	N- SEPT TOUT				
	ht received, stored & trans				arge for pallet jack service.				
					THE SHOW-SITE FACILITY.				
		,							
	**IMPORTANT NO		TAX FOR ONONDAGA						
		\$ 55.00			\$ 346.50				
		80.00			378.00				
		105.00			409.50				
301 to 400 lbs		140.00			441.00				
		175.00	1401 to 1500 lbs		472.50				
501 to 600 lbs		199.50			496.00				
601 to 700 lbs		232.75	1601 to 1700 lbs		527.00				
701 to 800 lbs		266.00	1701 to 1800 lbs		558.00				
801 to 900 lbs		299.25	1801 to 1900 lbs		589.00				
901 to 1000 lbs		332.50			600.00				
			2001 lbs. PlusOve	erage Weight will be based	d on above rates.				
LIABILITY STATEMI	ENT-PLEASE READ BOTH	SECTIONS CAREFULLY		0 0					
				OT in our possession. N	EDE will not be responsible				
					Decorating & Exhibit Servs				
<u>liability shall not exceed \$ .30 per pound. ALL ESSENTIAL / IMPORTANT ITEMS SHOULD BE INSURED PRIOR TO SHIPMENT. Your signature</u> authorizes NEDE to make repairs, banding, shrink wrap etc., as may be required. A labor rate of \$ 30.00 per man-hour, plus materials applies.									
					·				
PLEASE TAKE SPE	CIAL CARE IN FILLING OU	T THIS FORM. THIS FO	RM AUTHORIZES NORT	<b>THEAST DECORATING 8</b>	EXHIBIT SERVICES				
PLEASE TAKE SPECIAL CARE IN FILLING OUT THIS FORM. THIS FORM AUTHORIZES NORTHEAST DECORATING & EXHIBIT SERVICES TO HANDLE YOUR FREIGHT SHIPMENT AS SPECIFICALLY STATED ABOVE. BE SURE TO NOTE RUSH RETURN SHIPMENTS WHERE									
	<b>OUTBOUND SECTION ON</b>								
***IMPORTANT	*** CREDIT CARD INF	O IS REQUIRED IF	NOT THIS FORM IS	UNACCEPTABLE 1	THANK YOU				
	IORIZE NORTHEAST DECC								
	WITH THE TERMS AND CO			LINLIGHT INDIGATED	ON I AGE ONE III				
ACCONDANCE I	WITH THE TERMIO AND CO	NDITIONO AO OTATED I	ADOVL.						
PLEASE PRINT	COMPANY NAME:								
	COMPANT NAME:								
CLEARLY &									
ADD ON	ADDRESS:								
SALES TAX									
	CITY, STATE, ZIP:								
	PHONE: ( )_		FAX: (	)					
NAME ON OPERIT CARR									
NAME ON CREI	UII CAKU:		E·	-MAIL:					

PS. HAVE YOU MARKED YOUR FREIGHT WITH THE SHOW NAME, YOUR EXHIBITING NAME & BOOTH NUMBER??

\*\*NOTE: PAYMENTS VIA CREDIT CARDS ARE SUBJECT TO AN ADDITIONAL 4.0% SERVICE FEE