

ORDER FORM - SERVICE REQUIREMENTS

EXHIBITOR INFORMATION		BILLING INFO	
Exhibitor: _____	Company: _____	Address: _____	City/St: _____
Show: _____	ATTN: _____	PO #: _____	Phone: _____
Show Open Date: _____	Fax: _____		
Show Close Date: _____			
Facility: _____			
City: _____			
BOOTH INFORMATION		INBOUND FREIGHT INFO	
Booth #: _____	Size: _____	Arrival Date: _____	Time: _____
Install Date: _____	Time: _____	Carrier: _____	_____ Direct _____ Drayage _____ Split _____ CSI
Dismantle Date: _____	Time: _____	# of Crates: _____	Skids _____ Cases _____ Pallets _____ Total _____
Number of Men: _____	Supervision Install: _____ CSI Client Super. _____	Tracing Contact: _____	Phone: _____
Supervision Dismantle: _____ CSI Client Super. _____	Carpet: _____ Rental _____ W/Exhibit _____ Color: _____	Ship From: _____	
CLIENT INFORMATION		OUTBOUND FREIGHT INFO	
Exhibitor Contact: _____	Phone: _____	Pre-Paid _____	Collect _____ Split _____
Builder Contact: _____	Phone: _____	Carrier: _____	Pick Up Date: _____ Time: _____
Weekend / Night Phone: _____	Other: _____	Shipping Address: _____	
ADDITIONAL OUTBOUND FREIGHT INFO.			
Billing Address: _____			
SHOW MANAGEMENT		GENERAL CONTRACTOR	
<i>Note: Many show managers and/or general labor contractors require that you notify them in writing of your intention to use a service contractor to install and dismantle your exhibit. Look for a deadline date and please send your notification as soon as possible. We would appreciate a copy for our records. Thank you</i>			
EAC FILED? _____ Yes _____ No	Company: _____	Address: _____	
Company: _____	Contact: _____	City/St: _____	
Address: _____	Phone: _____	Fax: _____	
Contact: _____	Please include copies of the services you have ordered		
City/St: _____	Electric _____	Furniture _____	Telephone _____
Phone: _____	Other _____	CSI to Order _____	CSI to Order and Pay _____
Fax: _____	Enclosed: _____ Blueprints _____	Drawings _____	Cleaning _____
		Pictures _____	Floral _____
SPECIAL INSTRUCTIONS			
Show Rates	S/T: _____	O/T: _____	D/T: _____

For CSI Office Use Only

CSI Sales Rep:
 Cell Number:

CSI City Manager:
 Office Number:
 Cell Number:

CSI Representative: