



PALM BEACH COUNTY CONVENTION CENTER
 650 Okeechobee Blvd.
 West Palm Beach, FL. 33401
 Phone: 561-366-3451
 Email: exhibitorservices@pbconventioncenter.com



EXHIBITOR SERVICES - FREIGHT RECEIVING SERVICE FORM

FREIGHT RECEIVING POLICY

- The PBCCC will not accept any freight or materials including overnight freight services, more than **1 DAY PRIOR** to your contracted move-in date.
- All shipments for exhibits must be coordinated and shipped to your official service contractor, if applicable.
- Deliveries arriving during move-in or show days will be directed to the on-site representative of the client's contracted freight service.

If shipments arrive at the PBCCC prior to the move-in date, the PBCCC will accept the delivery so that your event will not be delayed due to non-received materials; however, a Storage Fee is REQUIRED prior to receiving stored items on-site .

Event Name:		Exhibiting Company:	
Event Dates:	From:	To:	Booth Number:
Shipping Address:		City:	State: Zip Code:
Shipped By:		Phone:	Cell:
On-Site Contact:		E-Mail:	

Storage Descriptions	Number of Items	Anticipated Number of Days for Storage	Rate	Total
Storage Rates - Boxes (per box/per day)			\$ 25.00	\$
Storage Rates - Bulk/Pallets (per box/per day)			\$ 75.00	\$
SUBTOTAL			\$	
X 7% Sales Tax			\$	
GRAND TOTAL			\$	

By completing, signing and returning this form, customer agrees to all terms and conditions printed on this form and related documents. The PBCCC reserves the right to correct orders that have been figured incorrectly or adjusted invoice to actual days items have been stored. The PBCCC reserves the right to hold stored items until Storage Fee payment has been recieved. Tax rates are subject to change without notice.

PAYMENT INFORMATION

Circle One:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Credit Card Number:	_____	Expiration Date (MM/YY):	_____	Security Code/CVV: _____
Name on Card (Please Print):	_____			
Billing Address:	_____	City: _____	State: _____	Zip: _____
Authorized Signature*:	_____	Date:	_____	

*** I ALSO AUTHORIZE CHARGING ANY UNPAID BALANCES TO MY CREDIT CARD.**

THIS AREA FOR PBCCC USAGE ONLY.		
DATE ITEMS RECEIVED: _____	DATE ITEMS RETRIEVED: _____	STORAGE FEE PAID: YES _____ NO _____
NOTES:		