

A.C.T., INC. SALES OFFICE

TEL: 614-228-0084

FAX: 614-221-3073

SHIPPING & FREIGHT HANDLING INSTRUCTIONS

FILL OUT ALL INFORMATION ON THIS FORM AND RETURN TO THE A.C.T., INC. SALES OFFICE PRIOR TO SHIPPING YOUR FREIGHT. ALL SHIPMENTS ARE TO BE DELIVERED TO THE ACT INC. WAREHOUSE. 4185 JANITROL RD. 8AM-4PM MON-FRI. NO WEEKEND DELIVERIES TO WAREHOUSE AND NO ADVANCE DELIVERIES WILL BE ACCEPTED AT THE CONVENTION CENTER.

A.C.T., INC. DELIVERY AND PICK-UP TO MEETING ROOMS ARE MADE BETWEEN THE HOURS OF 8:00AM AND 3:00PM MONDAY THROUGH FRIDAY AT NORMAL RATES.

NORMAL HANDLING RATES:

\$58.00 PER EACH 100 LBS. WEIGHT OR PORTION THEREOF A (200LB MIN). THERE IS AN \$84.00 FUEL SURCHARGE ON ALL OUTBOUND SHIPMENTS.

SPECIAL LABOR ARRANGEMENTS MUST BE MADE IN ADVANCE WITH OUR SALES OFFICE 614-228-0084, TO HAVE DELIVERY OR PICK-UP AT YOUR MEETING ROOM AFTER STANDARD HOURS AND ON HOLIDAYS. HEAVY WEIGHT SHIPMENTS AND OR MULTIPLE ROOM DELIVERIES WILL REQUIRE ADDITIONAL LABOR CHARGES.

ADD THE FOLLOWING LABOR RATES FOR OVERTIME PICK-UP, DELIVERIES, AND SPECIAL HANDLING. ANY PACKAGES WEIGHING MORE THAN 75LBS WILL REQUIRE 2 OR MORE MEN.

\$90.00 MINIMUM PER MAN LABOR CALL
MAN LABOR CALL

7:00A.M. TO 8:00 A.M. AND / OR
TO 7:00A.M. AND / OR
AFTER 3:00PM MON-FRIDAY
AND HOLIDAYS

\$180.00 MINIMUM PER

BETWEEN MIDNIGHT

SATURDAY/ SUNDAY

PAYMENT IS DUE IN ADVANCE FOR DELIVERY

SHIPPING ADDRESS:

C/O A.C.T., INC.

4185 JANITROL RD, COLUMBUS OH 43228

NAME OF 2010 OHIO
EVENT LINUXFEST
ROOM NAME
OR ROOM
NUMBER

COMPANY
REP NAME

*****PLEASE NOTE: YOU MUST INSURE YOUR FREIGHT*****
*****A.C.T., INC. IS NOT RESPONSIBLE FOR DAMAGED LOST OR STOLEN
FREIGHT*****
*****SHIPMENTS WILL BE REFUSED IF FORMS ARE NOT RECEIVED IN
ADVANCE*****

I HAVE READ THE ABOVE INFORMATION AND ENGAGE A.C.T., INC. FOR FREIGHT HANDLING

COMPANY
NAME
PHONE
NUMBER
ADDRESS
CITY
AUTHORIZED
BY:

STATE ZIP

A.C.T., INC. SALES OFFICE
TEL: 614-228-0084 FAX: 614-221-3073

PLEASE FILL OUT THE FOLLOWING INFORMATION
TO ENSURE PROMPT DELIVERY

REQUESTED DELIVERY INFORMATION

COMPANY NAME
REP NAME

NAME OF EVENT **2010 OHIO LINUXFEST**

A.C.T., INC. TO DELIVER FREIGHT TO: (REQUESTED DATE AND TIMES)

ROOM
NAME OR
ROOM
NUMBER

ON DAY **FRIDAY** DATE: **SEPT. 10, 2010** TIME: **4:00 PM**

**REP MUST
BE ON-
SITE FOR
DELIVERY**

*YOUR COMPANY REPRESENTATIVE OR AUTHORIZED PERSON MUST BE PRESENT TO SIGN
FOR DELIVERY AT DAY, DATE, AND TIME SPECIFIED ABOVE. ACT INC. ALSO RESERVES THE
RIGHT TO ADJUST DELIVERY TIMES BASED ON OTHER DELIVERIES FOR SAME EVENT AND*

OR AREA.ACT INC. WILL CONTACT YOU IN THESE CASES TO AVOID CONFUSION ON ACTUAL DELIVERY TIME.

**NUMBER OF
PIECES**

TOTAL WEIGHT

**ON-SITE REP
SIGNATURE**

BY SIGNING THIS LINE, YOU ACKNOWLEDGE HAVING RECEIVED THE ABOVE LISTED ITEMS FROM A.C.T., INC. IN GOOD CONDITION AND WITH CORRECT PIECE COUNTS.

OUTBOUND FREIGHT INFORMATION

**YES A.C.T., INC. IS NEEDED TO PICK UP OUTBOUND SHIPMENT TO HOLD
FOR YOUR FREIGHT CARRIER**

NO

**PICK UP
FREIGHT
FROM
ROOM
NAME OR
ROOM
NUMBER
ON DAY DATE: TIME:
ON-SITE
REP NAME**

NOTE: IT IS YOUR RESPONSIBILITY TO MAKE ARRANGEMENTS WITH YOUR CARRIER TO PICK UP YOUR OUTBOUND FREIGHT FROM THE A.C.T., INC. WAREHOUSE AT 4185 JANITROL RD., COLUMBUS OH 43228. IF OTHER ARRANGEMENTS ARE REQUIRED PLEASE CONTACT A.C.T., INC. AT 614-228-0084 YOU MUST ALLOW AT LEAST 2 BUSINESS DAYS BEFORE SCHEDULING OUTBOUND SHIPMENTS FROM THE ACT WAREHOUSE. ALL PACKAGE LABELING AND BILLS OF LADING FOR OUTBOUND FREIGHT ARE TO BE COMPLETED BY YOU OR A COMPANY REPRESENTATIVE. ALL OUTBOUND FREIGHT MUST BE PACKED, LABELED AND READY FOR SHIPMENT. PLEASE SUPPLY NAME OF FREIGHT CARRIER PICKING UP OUTBOUND SHIPMENT FROM A.C.T, INC. STORAGE CHARGES WILL BE APPLIED AFTER 5 DAYS OF STORAGE IN OUR WAREHOUSE. \$100.00 PER DAY AFTER THE FIFTH DAY WILL BE CHARGED TO YOUR CREDIT CARD ON FILE.

**NAME OF CARRIER
NUMBER OF
PIECES**

TOTAL WEIGHT

**A.C.T., INC. SALES OFFICE
TEL: 614-228-0084 FAX: 614-221-3073**

**PLEASE FILL OUT THE FOLLOWING INFORMATION
TO ENSURE PROMPT DELIVERY**

PAYMENT INFORMATION

COMPANY NAME

REP NAME

NAME OF EVENT

2010 OHIO LINUXFEST

CREDIT CARD INFORMATION IS AS FOLLOWS:

CARDMEMBER

NAME:

PLEASE

PRINT

CARDMEMBER

ADDRESS:

PLEASE

PRINT

CITY:

STATE:

ZIP:

CHARGE

TO:

AMERICAN

MASTERCARD

VISA

EXPRESS

ACCOUNT

NUMBER

EXPIRATION

DATE:

MONTH / YEAR

YOUR SIGNATURE BELOW AUTHORIZES PAYMENT FOR ANY CHARGES INCURRED BY YOUR COMPANY TO A.C.T., INC., FOR THE ABOVE NOTED SERVICES. ACT WILL ALSO APPLY ANY ADDITIONAL CHARGES FOR LABOR AND/OR STORAGE OF OUTBOUND FREIGHT AS IT APPLIES WITHOUT ADVANCE NOTICE.

CARDHOLDER'S

SIGNATURE:

DATE SIGNED:

THIS FORM MUST BE SIGNED TO COMPLETE YOUR TRANSACTION.
Page 1 of 1 PAGES **8/10/2010**