



PO Box 698  
 Carlisle, PA 17013  
 877-225-7157  
[sz15tradeshow@sz15logistics.com](mailto:sz15tradeshow@sz15logistics.com)

# Inbound Verification

### Ship To:

**Name:** \_\_\_\_\_  
**Company:** \_\_\_\_\_  
**Tradeshow Event:** FCICA C/O Sz15 Logistics  
**Address:** 680 Waverly Road  
**City, St, Zip:** Tusculmbia, AL 35674  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

### Ship From:

**Name:** \_\_\_\_\_  
**Shipper:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City, St, Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Credit Card:** SEE CREDIT CARD AUTHORIZATION FORM \_\_\_\_\_

**NOTE:** CREDIT CARD FORM MUST BE COMPLETED IN ORDER FOR PRODUCTS TO BE SHIPPED TO SITE

**Ship Date:** \_\_\_\_\_

# of Cartons	Carton, Tube, Crate, Pallet Description	Weight
<b>Totals</b>		

**NOTE: This form will be used to verify your products receipt at the consolidation point and to charge outlined handing fees. Please refer to the handling fee chart for appropriate charges. Fees must be prepaid in order to move your products to the exhibition site. THIS FORM MUST BE EMAILED TO SZ15 ONCE PRODUCT IS SHIPPED TO THE CONSOLIDATION POINT FOR VERIFICATION AND PAYMENT CONFIRMATION!**

I authorize Sz15 Logistics to arrange transportation of the above named materials. All above named materials conform to all federal, state, local and DOT regulations. I authorize Sz15 Logistics to invoice me for all transportation cost associated with the above named materials using the credit card provided and on file.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Please contact Sz15 Logistics at 877-225-7157 with any questions or concerns.

**Thank you for your business!**



**CREDIT CARD AUTHORIZATION FORM**

Check One:  Visa  Mastercard  AmEx  Discover

Card #:

CVN # (Credit Card Verification Number - on back of card):

Exp Date (mm/yr):

Name as appears on Card:

Company Name on card (if applicable):

Billing Address:

City:  State:

Zip:  Country:

Telephone #:  Fax #:

Email Address (if available):

This Authority is for a one time charge according to the information provided below....

Order #:  Payment Amount:

Order #:  Payment Amount:

Order #:  Payment Amount:

GRAND TOTAL:

I authorize SZ15 Logistics to charge my credit card for payment of their products. If SZ15 Logistics is unable to process my payment, I will be responsible for an alternate payment arrangement.

By signing this authorization form, I acknowledge that I have read and agree to all of the information and warrant all information given is accurate.

Signature of Card Holder: \_\_\_\_\_

Printed Name of Card Holder: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_

\*\*Please fax completed form to (419) 436 - 4591\*\*