



**AUTOMOBILE ASSOCIATION OF
SYRACUSE, NEW YORK**

**AUTOSHOW, ONCENTER, SYRACUSE, NY
FEBRUARY 15-18, 2024**

DRAYAGE SERVICE ORDER FORM

Must be submitted by January 23, 2024

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- 1) THIS FORM IS FOR HANDLING FREIGHT SHIPPED DIRECTLY TO THE ONCENTER.
 - 2) ALL SHIPMENTS MUST BE PREPAID, COLLECT SHIPMENTS WILL NOT BE ACCEPTED!
 - 3) CHARGES FOR DRAYAGE SERVICE ARE DUE AND PAYABLE UPON PRESENTATION.

CRATE HANDLING SERVICE RATES

THE RATE BELOW WILL APPLY TO ALL SHIPMENTS RECEIVED. THIS SERVICE SHALL INCLUDE THE FOLLOWING:

- UNLOADING TRACTOR TRAILERS
- DELIVERY TO BOOTH
- STORAGE OF CRATES
- RETURN OF EMPTY CONTAINERS TO BOOTH
- HANDLING OF OUTBOUND SHIPMENT TO COMMON CARRIER (*BILL OF LADING, LABELING, AND RETURN ARRANGEMENTS FOR OUTBOUND DRAYAGE MUST BE COMPLETE BEFORE LEAVING THE SHOW.*)
- FORKLIFT SERVICE LIMITED TO DELIVERY OF CRATES AND REMOVAL OF EMPTY CRATES TO EXHIBIT AREA ONLY. ADDITIONAL FORKLIFT SERVICE REQUIRED BEYOND THIS, WILL REQUIRE SPECIAL ARRANGEMENTS.

THE RATE BELOW WILL APPLY TO EACH SHIPMENT, BASED ON TOTAL WEIGHT.

\$50.00 PER /100 # WEIGHT OF SHIPMENT _____ TOTAL COST: \$ _____

DATE/TIME OF SHIPMENT: _____

SUB-TOTAL _____
SALES TAX 8.00% _____
TOTAL \$ _____

I HEREBY AUTHORIZE CENTURY DECORATIONS TO HANDLE THE ABOVE MENTIONED FREIGHT IN ACCORDANCE TO THE TERMS AND CONDITIONS AS LISTED ABOVE.

COMPANY: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
NAME: (PLEASE PRINT) _____
AUTHORIZED SIGNATURE: _____
DATE: _____
VISA/MASTER CARD #: _____ EXP. DATE: _____ CCV _____
CARDHOLDER'S NAME: _____

***BASIC PAYMENT FOR ALL ORDERS, DUE WITH ORDER**

****ALL ORDER FOR DRAYAGE MUST BE RECEIVED BY JANUARY 23, 2024**

Mail this form and your payment to: Century Decorations, 933 Church St., N. Syracuse, NY 13212



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ADDITIONAL FORK LIFT SERVICE FORM

A LATE FEE OF 25% WILL BE ADDED TO ALL ORDERS RECEIVED AFTER JANUARY 23, 2024

PAYMENT MUST ACCOMPANY ORDER

Orders must be submitted by January 23, 2024. Please add 25% for orders received after January 23, 2024.

CENTURY DECORATIONS is available for additional fork lift service installation and dismantling of exhibits. The workday is from 8:00 a.m. to 5:00 p.m., Monday through Friday (except holidays). All other hours are at the overtime rate. Fork Lift service is hired at (1) one hour minimum.

RATES:

Fork Lift Service (Regular Rate)	\$ 90.00/hour
Fork Lift Service (Overtime Rate)	\$132.50/hour

INSTALLATION OF EXHIBIT

We will require _____ hours of fork lift service to assist in installing our exhibit, beginning @ _____ am pm
On _____
Month Day Year

DISMANTLING OF EXHIBIT

We will require _____ hours of fork lift service to assist in dismantling our exhibit, beginning @ _____ am pm
On _____
Month Day Year

SUB TOTAL _____
SALES TAX 8.00% _____
TOTAL _____

NAME _____ BOOTH # _____

COMPANY _____ PHONE (____) _____

ADDRESS _____ ORD. BY _____

CITY, STATE, ZIP _____

MASTERCARD/VISA _____ EXPIRATION DATE _____ CCV _____

CARDHOLDER NAME _____

AUTHORIZED SIGNATURE _____

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933 Church Street • North Syracuse, NY 13212 • (315) 452-1240 • Fax (315) 452-1605



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QTY	EQUIPMENT ORDER FORM DESCRIPTION	UNIT	AMOUNT
	WOOD DISPLAY TABLES		
_____	4'x24" Table (plain)	\$15.00	_____
_____	6'x24" Table (plain)	15.00	_____
_____	6'x30" Table (plain)	15.00	_____
_____	8'x30" Table (plain)	15.00	_____
_____	30" Dia x 40" high Cocktail Table	15.00	_____
_____	30" Dia x 30" high Cocktail Table	15.00	_____
	SKIRTING		
_____	Cloth skirting 30" high	22.50	_____
_____	Cloth skirting 40" high (inc extend/legs)	27.50	_____
	CHAIRS		
_____	Folding, standard (brown)	5.00	_____
_____	Folding, white padded	10.00	_____
_____	Bar stool deluxe (back & seat)	25.00	_____
	MISCELLANEOUS		
_____	Wastebasket (13 gal)	10.00	_____
_____	Stanchions	17.50	_____
_____	Rope	2.00 l.f.	_____
_____	Easels/Metal	12.00	_____

PAYMENT POLICY: FULL PAYMENT IS DUE WITH ORDER FORM. **SUB TOTAL** _____
PRICES LISTED ABOVE ARE FOR DURATION OF SHOW AND
INCLUDE DELIVERY, SET-UP AND REMOVAL. ALL MATERIALS **SALES TAX 8.00%** _____
ARE PROPERTY OF DECORATOR UNLESS OTHERWISE NOTED. **TOTAL** _____
***PLEASE ADD 25% TO ALL LATE ORDERS. *PRE-ORDER DEADLINE IS JANUARY 23, 2024.**

NAME: _____ **BOOTH #** _____

COMPANY: _____ **BUILDING** _____

ADDRESS: _____ **PHONE: ()** _____

CITY, STATE, ZIP: _____

VISA/MASTERCARD _____ **EXP. DATE** _____ **CCV** _____

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