



**ABC Imaging Business Center
at the Baltimore Convention Center**

1 West Pratt Street, Baltimore, Maryland 21201, Adjacent to Room 334
p: 410.649.7194 | f: 410.649.7196 | bcc@abcimaging.com

Shipping & Receiving Form

BASIC INFORMATION

Name: _____ Date: _____
 Company Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email Address: _____

CREDIT CARD INFORMATION

Name on Card: _____ Expiration Date: _____
 Card Number: _____ Visa MasterCard American Express
 Security Code: _____ *[Three or four digit code located on the back of the card]*

SHOW & PACKAGE INFORMATION

Name of Show: _____
 Date of Show: _____ Number of Boxes: _____
 Carrier: FedEx UPS DHL USPS Other: _____
 Date of Show/Method: *[example: Sent out on 3/15/14 - ground]* _____

* Packages can be picked up at the ABC Imaging Business Center located across from Room 334 at the Baltimore Convention Center. If you want them delivered to a specific location in the Convention Center, there will be a \$10 delivery charge per box/package/booth.

HANDLING FEES & INSTRUCTIONS

Receiving

Receiving Fees:

\$25 per box for 1 to 8 boxes
 \$20 per box for 9 or more boxes
 * There is a \$10 per day storage fee for boxes after the third day

Freight Cost:

\$3 per pound

All boxes must be labeled as follows:

ABC Imaging Business Center
 1 West Pratt Street
 Baltimore, Maryland 21201
 c/o Name of on-site recipient
 Organization name and event
 Room location
 On-site contact phone number

Shipping-Out

Shipping Fees:

\$30 Per box for small/medium boxes
 \$40 Per box for large boxes and booths
 \$50 Per box for extra large boxes
 \$60 Per box for international boxes

If you have any questions, please call:

Calvin Johnson | 202.438.7272 | cjohnson@abcimaging.com
 Gene King | 301.556.6239 | eking@abcimaging.com

Disclaimer: The ABC Imaging Business Center and the Baltimore Convention Center are not responsible for lost, theft, or damaged packages after they are delivered to room/hall. All incoming and outgoing shipments are to be paid to the Business Center by cash, credit/debit card and company checks; no personal checks will be accepted.

By initialing this form, you are responsible for payment: Initial: _____ Date: _____



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at the Ballimore Convention Center

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Master Account Request

BASIC INFORMATION

Name: _____ Date: _____

Name of Show: _____

Company Address: _____

Contact Person: _____ Room/Hall Number: _____

Phone Number: _____ Email Address: _____

CREDIT CARD INFORMATION

Name on Card: _____ Expiration Date: _____

Card Number: _____ Visa MasterCard American Express

Security Code: _____ (Three or four digit code located on the back of the card)

Address: _____ Zip Code: _____

NAME(S) OF PERSON(S) AUTHORIZED TO USE SERVICES (Attach another sheet if needed)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

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By signing this form, you are responsible for payment of any services rendered:

Signature: _____ Date: _____