

**ATLANTIC CITY BOAT SHOW
ATLANTIC CITY CONVENTION CENTER
ATLANTIC CITY, NEW JERSEY
FEBRUARY 25 - MARCH 1, 2026**



6575 Delilah Road P: 609-485-2421
PO Box 3000 F: 609-485-2392
Pleasantville, NJ 08232
WWW.VISTACS.COM

OUTBOUND SHIPPING INSTRUCTIONS

SHIPPING OUTBOUND FROM SHOW SITE

- All outbound shipments **must** be accompanied by an official show bill-of-lading.
- You may obtain show bills-of-lading after reviewing your invoice at show site.
- When shipping to separate destinations, a separate bill-of-lading is required for each destination.
- All outbound shipments should be addressed/labeled as follows:

Label each item as follows:

From: (Your Company Name)
Booth #:
Show Name: Atlantic City Boat Show
Location: Atlantic City Convention Center
To: (Shipping Address)

- Once your shipment is packed and labeled, **return your show bill-of-lading to the Vista Service Desk.** All bills-of-lading must be turned in no later than **12:00noon on Monday, March 2, 2026.**

DO NOT LEAVE BILLS OF LADING IN YOUR BOOTH!!

- Failure to turn in your show bill-of-lading by the designated deadline may result in additional over times charges and/or the rerouting of your materials through our house carrier, **LibertyCFS.**
- Be sure to confirm pickup day(s) and time(s) with your selected carrier. All outside carriers (carriers other than **LibertyCFS**) must be checked in **no later** than **12:00noon on Monday, March 2, 2026.**

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OUTBOUND BILL OF LADING REQUEST

Complete this form to request a pre-printed outbound bill of lading and shipping labels for your outbound shipment. BOL's and labels will be available for pick-up at the Vista Service Desk.

REQUESTS SHOULD BE SUBMITTED BY: FEBRUARY 6, 2026

Outbound Shipping Information

Ship to (Company): _____

Attention: _____

Destination (Street Address): _____

City: _____ State: _____ Zip: _____

Phone: _____

Shipping Method

___ LibertyCFS (Preferred Carrier) ___ Other _____

___ FedEx (Express or Ground) ___ UPS (ground)

****Exhibitors using FedEx or UPS must provide pre-printed labels with their account number****

Freight Charges Guaranteed By

Company/Exhibitor: _____

Attention: _____

Permanent Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shipping Labels Request

of Shipping Labels Requested: _____

Exhibitors using FedEx or UPS must provide pre-printed labels with their account number.

Notes

- Please complete one form per shipment.
- Do not leave Bills of Lading in your booth.

Please review the *Material Handling Information*, *Material Handling Rate Schedule*, and *Limits of Liability* forms.

Company Name: _____ **Booth #** _____



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LAS VEGAS | TORONTO





LibertyCFS NV, Inc.

*A Veteran Owned Company
Delivering Freedom*

exhibitorservices@libertycfs.us

www.libertycfs.us

Tel. (905) 338-3993

FREIGHT & CUSTOMS ORDER FORM

1 Please accept this form as authority for LibertyCFS NV, Inc. to provide the services listed below. A second form is required for additional events. <div style="text-align: right; font-size: small;"> Adobe Acrobat Reader DC may be required for completion of form. Click image to download </div>																															
<div style="display: flex; justify-content: space-around; font-weight: bold;"> Freight Only Customs Only Freight & Customs Return Only </div>																															
PICK-UP LOCATION	2a Company Name _____ Address1 _____ Address2 _____ City _____ State _____ ZipCode _____ Contact _____ Phone # _____ Email _____ IRS/Tax ID# _____		3 Exhibiting Company Name _____ Show Name _____ Address1 _____ Address2 _____ City _____ State _____ ZipCode _____ Onsite Contact _____ Cell Phone # _____		Booth # _____																										
	2b P/U Date _____ Hours _____ From _____ To _____ Dlv Date _____ Hours _____		4 Check Box if the Return address is the same as 2a <input type="checkbox"/>																												
	<div style="display: flex; justify-content: space-between;"> Express Economy LTL 7-10 Days Int'l </div> <div style="display: flex; justify-content: space-between;"> Inside Liftgate Dock </div> <div style="display: flex; justify-content: space-between;"> Other </div>		Consignee: _____ Address1 _____ Address2 _____ City _____ State _____ ZipCode _____ Contact _____ Phone # _____ PU Date _____ Arrive by _____																												
	5 Carton(s)/Box _____ Vinyl Case(s)/Color _____ Wooden Crate(s) _____ Trunk(s) / On Wheels _____ Skid(s) - to contain # _____ of pieces		<table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="width: 10%;">PCS</th> <th style="width: 70%;">DIMENSIONS (L x W x H)</th> <th style="width: 20%;">WGT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2" style="text-align: center;">TOTAL PIECES</td> <td style="text-align: center;">TOTAL WEIGHT</td> </tr> </tbody> </table>		PCS	DIMENSIONS (L x W x H)	WGT																						TOTAL PIECES		TOTAL WEIGHT
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TOTAL PIECES		TOTAL WEIGHT																													
6 Declared Value for Carriage: The declared value for carriage of this shipment is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds of that part of the shipment lost or damaged but not less than \$50.00 per shipment unless a value is declared below and applicable charges paid thereon. The liability of Carrier for loss/damage are subject to the terms and conditions. LibertyCFS NV, Inc charges 8% per \$1000, Min \$80. Exclusion: Does not include TV(s)/Monitor(s) <div style="text-align: right; font-weight: bold;">DECLARED VALUE</div>																															
PAYMENT	7 Credit Card Information / Billing Address <div style="display: flex; justify-content: space-around; align-items: center; font-size: small;"> </div>																														
	Credit Card Number _____ Security Code _____ Exp. Date ____ / ____ I hereby authorize the use of this card for payment of services related to this Order Form. I understand that declined credit cards are subject to a 30% surcharge.																														
	Address _____ Signature _____ City _____ State _____ ZipCode _____ Phone _____ Email _____																														
	Comments: Include any additional comments that will be helpful for the movement of freight and contents																														