

## EXHIBITOR SHIPPING INSTRUCTIONS TO HOTEL

**\*\*The hotel does not accept any C O D deliveries\*\***

**SEND TO:** Astor Crowne Plaza  
**Hold For:** \_\_\_\_\_  
**Company Name:** \_\_\_\_\_  
**Arrival Date:** \_\_\_\_\_  
 739 Canal Street  
 New Orleans, LA 70130

**Handling charges will be applied to all boxes received or shipped by the Receiving Department.**

**\$8.00 per box**  
**\$50.00 Gray and Black or any colored cases**  
**\$100.00 Pallets**

The business center offers: Federal Express, Airborne, UPS and United Postal Services.

To verify boxes received or ask about charges, please contact Ms. Katrice Oreaboe in our Shipping and Receiving Department, via email at [koreaboe@astorneworleans.com](mailto:koreaboe@astorneworleans.com).

**HOTEL GUEST FAX NUMBER: 504-962-0511**  
**HOTEL TELEPHONE NUMBER: 504-962-0500**

**Due to our limited space and the number of boxes received at the hotel, we ask you not to ship your boxes to arrive no earlier than 2-3 days in advance of your arrival date.**

### Credit Card Authorization

Due to an increase in credit card fraud and for the protection of the cardholder, we must request that this form be completed in entirety, including attachment of all requested items. Failure to complete any of these will result in non-approval. Please be aware that completion of this form does not ensure approval of your request.

**THANK YOU FOR YOUR COOPERATION.**

*You are requesting the Astor Crowne Plaza Hotel to bill charges to your credit card for the individuals and functions listed below. Please be certain that all signature requests are legible. Illegible information will result in non-approval of this request. Once completed, please forward to appropriate department.*

**NAME (S) OF INDIVIDUALS/FUNCTIONS YOU ARE AUTHORIZING US TO BILL TO YOUR CREDIT CARD AND ARRIVAL/DEPARTURE DATES FOR EACH.**

Function/Group/Individual Name: \_\_\_\_\_ Arrival/Departure of Function Dates: \_\_\_\_\_

**CHARGES YOU ARE AUTHORIZING: SHIPPING AND RECEIVING CHARGES: \_\_\_\_\_**

**YOUR INFORMATION AS IT APPEARS ON YOUR ACCOUNT:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Type: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

**THIS AREA TO BE FILLED OUT BY THE ASTOR CROWNE PLAZA HOTEL**

Approval Code: \_\_\_\_\_ Amount Approved Not To Exceed: \$ \_\_\_\_\_

Address Verified: \_\_\_\_\_ Date of Arrival Approved: \_\_\_\_\_

Phone Verified: \_\_\_\_\_ Financial Institution Verified: \_\_\_\_\_