CUSTOMS & TRANSPORTATION SERVICES ORDER FORM

Fax or Email Forms to: 1-888-629-9008 - info@consultexpoinc.com - Tel:514-482-8886

Show / Event Name: **Show / Event Dates:**

Services Required (Please select one):

☐ Customs Clearance and Shipping Services ☐ Custom Clearance Only ☐ Shipping Only

SHIPPER INFO (SHIPPING FROM)		
Company Name:		
IRS#		
Address:		
City:	State/Prov:	Zip/Post:
Contact Name:		Tel:
Email:		Fax:

DELIVERY INFO (GOING TO)		
Company Name:		Booth#
Venue Name:		
Address:		
City:	State/Prov:	Zip/Post:
On-site Contact Name:		Cell:
Email:		

RETURN SHIPPING INFORMATION ☐ SAME AS SHIPPER		
Company Name:		
IRS#		
Address:		
City: J	State/Prov:	Zip/Post:
Contact Name:		Tel:
Email:		Fax:

INVOICING INFORMATION ☐ SAME AS SHIPPER		
Company Name:		
IRS#		
Address:		
City:	State/Prov:	Zip/Post:
Contact Name:		Tel:
Email:		Fax:

TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION)

Charge to: ☐ VISA ☐ MASTERCARD ☐ AMEX

Cardholder Name: Title:

Credit Card Number: CVV: Expiry Date:

I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 20% surchage (minimum $50.00).

Cardholder Signature: Date:

SHIPMENT INFORMATION

Carrier Name (If not using ConsultExpo): Carrier Contact Name:

Carrier Contact Tel: Carrier Contact Email:

Pick-up Date: Hours of Operation:

Delivery Date: Delivery Time:

# of Pieces	Type of Pieces (Box / Crate / Skids, etc.)	Length (Inches) X Width (Inches) X Height (Inches)		Per Piece (LBS)	Total (LBS)
		X	X	@ Weight (LBS) Each	
		X	X	@ Weight (LBS) Each	
		X	X	@ Weight (LBS) Each	
		X	X	@ Weight (LBS) Each	
		X	X	@ Weight (LBS) Each	
		X	X	@ Weight (LBS) Each	
	Total Pieces			**Total Weight**	

Requested Service Level: ☐ Air Freight ☐ 2nd Day Expedited ☐ Ground / Truck

Additional Services Required: ☐ Lift Gate ☐ Inside Pick Up / Delivery ☐ Special Service (Please Specify)

Cargo Insurance / Declared Value

If specifically requested, cargo insurance will apply at the rate of $1.25 per $100.00 in value (min $125) per shipment with a $1000 deductible applicable / maximum liability limit is $250,000CAD. Coverage is limited to the portion of the shipment lost or damaged. Subject to the terms and conditions of liability for loss/damage, stated below. Otherwise, this shipment will be covered under basic carrier liability, directly with the carrier. In this case maximum liability (declared value for carriage of this shipment) is agreed to and understood to be $0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than $50.00 per shipment. Shipments will not be insured absent written request and written confirmation from ConsultExpo.

Terms and conditions

This order is placed with the specific understanding that we hereby release ConsultExpo Inc. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) ConsultExpo Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) ConsultExpo Inc. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) ConsultExpo Inc. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) ConsultExpo Inc. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws. ConsultExpo Inc shall not be responsible for AMPS penalties.

CLIENT SIGNATURE I have Read and agree to the terms of this contract.
Signature:
Name:
Title:
Date:

ACCEPTED BY CONSULTEXPO
Signature:
Name:
Title:
Date:

CONSULTEXPO

CUSTOMS & TRANSPORTATION SERVICES ORDER FORM

Fax or Email Forms to: 1-888-629-9008 - info@consultexpoinc.com - Tel:514-482-8886

Show / Event Name: INT'L MUPPET ASSOCIATION ANNUAL MEETING 2022 **Show / Event Dates:** SEPTEMBER 22-25

Services Required (Please select one):

☑ Customs Clearance and Shipping Services ☐ Custom Clearance Only ☐ Shipping Only

SHIPPER INFO (SHIPPING FROM)		
Company Name: "EXHIBITING COMPANY NAME"		
IRS# 12-3456786		
Address: 123 SESAME STREET		
City: LANGHORNE	State/Prov: PA	Zip/Post: 19047
Contact Name: MARY PARKER	Tel:	709-888-0970
Email: MPARKER@EMAIL.COM	Fax:	709-888-7788

DELIVERY INFO (GOING TO)		
Company Name: "EXHIBITING COMPANY"		Booth# 1232
Venue Name: EVENT FACILITY NAME		
Address: 123 CONVENTION CENTER WAY		
City: MONTREAL	State/Prov: QC	Zip/Post: H1X 1X1
On-site Contact Name: MARY PARKER		Cell: 555-222-6655
Email: MPARKER@EMAIL.COM		

RETURN SHIPPING INFORMATION ☑ SAME AS SHIPPER		
Company Name: "EXHIBITING COMPANY NAME"		
IRS# 12-3456786		
Address: 123 SESAME STREET		
City: LANGHORNE	State/Prov: PA	Zip/Post: 19047
Contact Name: MARY PARKER	Tel:	709-888-0970
Email: MPARKER@EMAIL.COM	Fax:	709-888-7788

INVOICING INFORMATION ☑ SAME AS SHIPPER		
Company Name: "EXHIBITING COMPANY NAME"		
IRS# 12-3456786		
Address: 123 SESAME STREET		
City: LANGHORNE	State/Prov: PA	Zip/Post: 19047
Contact Name: MARY PARKER	Tel:	709-888-0970
Email: MPARKER@EMAIL.COM	Fax:	709-888-7788

TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION)

Charge to: ☑ VISA ☐ MASTERCARD

Cardholder Name: MARY PARKER Title: YOUR TITLE

Credit Card Number: XXXX XXXX XXXX XXXX CVV: xxx Expiry Date: MM/DD

I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 20% surchage (minimum $50.00).

Cardholder Signature: Date:

SHIPMENT INFORMATION

Carrier Name (If not using ConsultExpo): CONSULTEXPO INC	Carrier Contact Name: COORDINATOR NAME
Carrier Contact Tel: 514-709-0781	Carrier Contact Email:
Pick-up Date: 11/12/2022	Hours of Operation: 8am - 5pm
Delivery Date: 09/22/2022	Delivery Time: 8am

# of Pieces	Type of Pieces (Box / Crate / Skids, etc.)	Length (Inches)	X	Width (Inches)	X	Height (Inches)		Per Piece (LBS)	Total (LBS)
5	cases	44	X	15	X	15	@ Weight (LBS) Each	100	500
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
			X		X		@ Weight (LBS) Each		
5	**Total Pieces**							**Total Weight**	500

Requested Service Level: ☐ Air Freight ☐ 2nd Day Expedited ☑ Ground / Truck

Additional Services Required: ☐ Lift Gate ☐ Inside Pick Up / Delivery ☐ Special Service (Please Specify)

Cargo Insurance / Declared Value

This shipment is covered under basic carrier liability, directly with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be $0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than $50.00 per shipment UNLESS additional Cargo Insurance has been arranged with ConsultExpo Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact ConsultExpo Inc. for more information on Cargo Insurance.

Terms and conditions

This order is placed with the specific understanding that we hereby release ConsultExpo Inc. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) ConsultExpo Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) ConsultExpo Inc. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) ConsultExpo Inc. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) ConsultExpo Inc. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws. ConsultExpo Inc shall not be responsible for AMPS penalties.

CLIENT SIGNATURE I have Read and agree to the terms of this contract.
Signature:
Name: MARY PARKER
Title: PRESIDENT
Date: 08/15/2022

ACCEPTED BY CONSULTEXPO
Signature:
Name:
Title:
Date:

EXAMPLE