



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:	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
Cardholder Name:	Title:	
Credit Card Number:	CVV:	Expiry Date:
<small>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% surcharge (minimum \$50.00).</small>		
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
 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:	
Title:	
Date:	

ACCEPTED BY CONSULTEXPO	
Signature:	
Name:	
Title:	
Date:	



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 NAME"		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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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:	<input checked="" type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
Cardholder Name: MARY PARKER	Title: YOUR TITLE
Credit Card Number: XXXX XXXX XXXX XXXX	CVV: xxx Expiry Date: MM/DD
<small>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% surcharge (minimum \$50.00).</small>	
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		
5	Total Pieces							Total Weight	500

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