



Show / Event Name:

Show / Event Dates:

Services Required (Please select one):

Customs Clearance and Shipping Services

Custom Clearance Only

Shipping Only

Advance Warehouse 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:
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).		
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:



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

☒ 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% surcharge (minimum \$50.00).
 Cardholder Signature: Date:

SHIPMENT INFORMATION

Carrier Name (If not using ConsultExpo): CONSULTXPO 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
 Additional Services Required: ☐ Lift Gate ☐ Inside Pick Up / Delivery ☐ Special Service (Please Specify)

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 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 CONSULTXPO

Signature:
 Name:
 Title:
 Date: