



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:



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)

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.

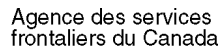
CLIENT SIGNATURE

I have Read and agree to the terms of this contract.

Signature:
Name: MARY PARKER
Title: PRESIDENT
Date: 08/15/2022

ACCEPTED BY CONSULTXPO

Signature:
Name:
Title:
Date:



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

PROTECTED **B** when completed
PROTÉGÉ une fois rempli

Page	of
	de

1. Vendor (name and address) - Vendeur (nom et adresse)		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada	
		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)	
4. Consignee (name and address) - Destinataire (nom et adresse)		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire)	
		6. Country of transshipment - Pays de transbordement	
		7. Country of origin of goods Pays d'origine des marchandises	
		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.	
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada		9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.)	
		10. Currency of settlement - Devises du paiement	
11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	14. Unit price Prix unitaire
			15. Total
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale		16. Total weight - Poids total Net	
		Gross - Brut	
		17. Invoice total Total de la facture	
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse)	
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case	
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada (iii) Export packing Le coût de l'emballage d'exportation		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour l'achat (iii) Export packing Le coût de l'emballage d'exportation	
		25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises	

Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

1. Vendor (name and address) - Vendeur (nom et adresse) "EXHIBITING COMPANY NAME" 123 SESAME STREET LANGHORNE, PA 19047 USA		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada	
4. Consignee (name and address) - Destinataire (nom et adresse) "EXHIBITING COMPANY NAME" C/O INT'L MUPPET ASSOCIATION ANNUAL MEETING 2022 EVENT FACILITY NAME 123 CONVENTION CENTER WAY MONTREAL, QC H1X 1X1		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)	
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada ConsultExpo Logistics INC, CHICAGO, IL		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) N/A	
		6. Country of transshipment - Pays de transbordement N/A	
		7. Country of origin of goods Pays d'origine des marchandises USA / CHINA	
		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.	
		9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.) NO SALE INVOLVED	
		10. Currency of settlement - Devises du paiement USD	
11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	14. Unit price Prix unitaire
5	PLASTIC CRATES CONTAINING BOOTH STRUCTURE - MADE IN USA LITERATURE - MADE IN USA KEYCHAINS - MADE IN CHINA	5 1000 50	\$1,000.00 \$0.10 \$0.50
		15. Total \$5,000.00 \$100.00 \$25.00	
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale		16. Total weight - Poids total Net Gross - Brut 500	
		17. Invoice total Total de la facture \$5,125.00	
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse) "EXHIBITING COMPANY NAME" 123 SESAME STREET LANGHORNE, PA	
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case	
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada (iii) Export packing Le coût de l'emballage d'exportation		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour achat (iii) Export packing Le coût de l'emballage d'exportation	
		25. Check (if applicable): Cochez (s'il y a lieu): (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises	

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