

Customs Clearance and Shipping Services

State/Prov:

State/Prov:

TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION)

Type of Pieces

(Box / Crate / Skids, etc.)

VISA

Zip/Post:

Zip/Post:

Tel:

Fax:

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).

SAME AS SHIPPER

Tel:

Fax:

Services Required (Please select one):

SHIPPER INFO (SHIPPING FROM)

RETURN SHIPPING INFORMATION

Show / Event Name:

Company Name:

Contact Name:

Company Name:

Contact Name:

IRS#

City:

Email:

IRS#

City:

Email:

Charge to:

Cardholder Name:

Credit Card Number:

Cardholder Signature:

Carrier Contact Tel:

of Pieces

Pick-up Date:

Delivery Date:

SHIPMENT INFORMATION
Carrier Name (If not using ConsultExpo):

Address:

Address:

CUSTOMS & TRANSPORTATION SERVICES ORDER FORM

Shipping Only

Booth#

Zip/Post:

Zip/Post:

Tel:

Fax:

AMEX

Per Piece (LBS)

Total (LBS)

SAME AS SHIPPER

Cell:

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

State/Prov:

State/Prov:

@ Weight (LBS) Each

Show / Event Dates:

DELIVERY INFO (GOING TO)

Custom Clearance Only

Company Name:

On-site Contact Name:

Company Name:

Contact Name:

MASTERCARD

Expiry Date:

Carrier Contact Name:

Carrier Contact Email:

Hours of Operation:

Delivery Time:

Title:

INVOICING INFORMATION

Venue Name:

Address:

City:

Email:

IRS#

City:

Email:

CVV:

Length (Inches) X Width (Inches) X Height (Inches)

Address:

					@ vveignt (LBS) Each		
			Х	Х	@ Weight (LBS) Each		
			Χ	Χ	@ Weight (LBS) Each		
			Χ	X	@ Weight (LBS) Each		
			Х	Х	@ Weight (LBS) Each		
	Total Pieces)				Total Weight	
Requested Service Level:	Air Freight	2nd Day Expedited	Grou	und / Truck			
Additional Services Required:	Lift Gate	Inside Pick Up / Delivery	/ Spe	cial Service (Please Specify)	Check to Decline	Cargo Insurance (see below)
directly with the carrier. In this case maximubut not less than \$50.00 per shipment.	ım liability (declared va	lue for carriage of this shipment) is agr	eed to and und	erstood to be \$0.50 per pound multiplied	by the number of pounds for the	it part of the shipment los	or damaged,
	standing that we hereby xpo Inc. shall not be re any kind beyond its cor 4) ConsultExpo Inc. sh	r release ConsultExpo Inc. and/or ager sponsible for damage to uncrated mate trol. 3) ConsultExpo Inc. liability is out lall not be liable to any extent whatsow	nts from all liabil erials, improperl lined in the abo ver for the actua	lity for loss, damage and/or theft to our n ty packaged goods or concealed damage we Cargo Insurance / Declared Value se al, potential or assumed losses or profits	erchandise and property, no ma 2. 2) ConsultExpo Inc. will not be stion. We are self-insured, or hav or revenues, or for any collatera	tter how caused, and we responsible for any loss/ve made other appropriate I costs which may result for	nave insured a damage/delay
but not less than \$50.00 per shipment. Terms and conditions This order is placed with the specific unders such properties being handled; 1) ConsultE due to fire, acts of god, strikes, lock outs of arrangements and paid applicable charges.	standing that we hereby xpo Inc. shall not be re- any kind beyond its co- 4) ConsultExpo Inc. sh rials have been declare	r release ConsultExpo Inc. and/or ager sponsible for damage to uncrated mate trtrol. 3) ConsultExpo Inc. liability is out all not be liable to any extent whatsoe ad, and we abide by all Federal, Provin	nts from all liabil erials, improperl lined in the abo ver for the actua	lity for loss, damage and/or theft to our n ty packaged goods or concealed damage we Cargo Insurance / Declared Value se al, potential or assumed losses or profits	erchandise and property, no ma 2) ConsultExpo Inc. will not be ction. We are self-insured, or hav or revenues, or for any collatera responsible for AMPS penalties	tter how caused, and we responsible for any loss/ve made other appropriate I costs which may result for	nave insured a damage/delay
but not less than \$50.00 per shipment. Terms and conditions This order is placed with the specific unders such properties being handled; 1) ConsultE due to fire, acts of god, strikes, lock outs of arrangements and paid applicable charges, damage to materials. 5) All hazardous mate	standing that we hereby xpo Inc. shall not be re- any kind beyond its co- 4) ConsultExpo Inc. sh rials have been declare	r release ConsultExpo Inc. and/or ager sponsible for damage to uncrated mate trtrol. 3) ConsultExpo Inc. liability is out all not be liable to any extent whatsoe ad, and we abide by all Federal, Provin	nts from all liabil erials, improperl lined in the abo ver for the actua	lity for loss, damage and/or theft to our n ty packaged goods or concealed damage we Cargo Insurance / Declared Value se al, potential or assumed losses or profits Local laws. ConsultExpo Inc shall not be	erchandise and property, no ma 2) ConsultExpo Inc. will not be ction. We are self-insured, or hav or revenues, or for any collatera responsible for AMPS penalties	tter how caused, and we responsible for any loss/ve made other appropriate I costs which may result for	nave insured a damage/delay
Terms and conditions This order is placed with the specific unders such properties being handled; 1) Consulte due to fire, acts of god, strikes, lock outs of arrangements and paid applicable charges, damage to materials. 5) All hazardous mate	standing that we hereby xpo Inc. shall not be re- any kind beyond its co- 4) ConsultExpo Inc. sh rials have been declare	r release ConsultExpo Inc. and/or ager sponsible for damage to uncrated mate trtrol. 3) ConsultExpo Inc. liability is out all not be liable to any extent whatsoe ad, and we abide by all Federal, Provin	nts from all liabil erials, improperl lined in the abo ver for the actua	lity for loss, damage and/or theft to our n ty packaged goods or concealed damage we Cargo Insurance / Declared Value se al, potential or assumed losses or profits Local laws. ConsultExpo Inc shall not be	erchandise and property, no ma 2) ConsultExpo Inc. will not be ction. We are self-insured, or hav or revenues, or for any collatera responsible for AMPS penalties	tter how caused, and we responsible for any loss/ve made other appropriate I costs which may result for	nave insured a damage/delay
but not less than \$50.00 per shipment. Terms and conditions This order is placed with the specific under such properties being handled; 1) ConsultE due to fire, acts of god, strikes, lock outs of arrangements and paid applicable charges. damage to materials. 5) All hazardous mate CLIENT SIGNATURE I has Signature:	standing that we hereby xpo Inc. shall not be re- any kind beyond its co- 4) ConsultExpo Inc. sh rials have been declare	r release ConsultExpo Inc. and/or ager sponsible for damage to uncrated mate trtrol. 3) ConsultExpo Inc. liability is out all not be liable to any extent whatsoe ad, and we abide by all Federal, Provin	nts from all liabil erials, improperl lined in the abo ver for the actua	lity for loss, damage and/or theft to our n ty packaged goods or concealed damage we Cargo Insurance / Declared Value se al, potential or assumed losses or profits Local laws. ConsultExpo Inc shall not be ACCEPTED BY CON Signature:	erchandise and property, no ma 2) ConsultExpo Inc. will not be ction. We are self-insured, or hav or revenues, or for any collatera responsible for AMPS penalties	tter how caused, and we responsible for any loss/ve made other appropriate I costs which may result for	nave insured a damage/delay



CUSTOMS & TRANSPORTATION SERVICES ORDER FORM

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

Show / Event Name: INTU MUPPET ASSOCIATION ANNUAL MEETING 2022 Show / Event Dates: SEPTEMBER 22:25 Services Required (Please select one): Coustoms Clearance and Shipping Services
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 Fox: 709-888-7788 RFTURN SHIPPING INFORMATION
Company Name: "EXHIBITING COMPANY NAME" IRSS 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 RETURN SHIPPING INFORMATION Z 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 Celi: 555-222-6655 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TRETURN SHIPPING INFORMATION Z 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: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION) Charge to: Z VISA TREW YOUR TITLE Cordicid Card Number: XXXX XXXX XXXXX Title: YOUR TITLE Cordicid Card Number: XXXX XXXX XXXXX XXXX Title: YOUR TITLE Cordicid Card Number: XXXX XXXX XXXX XXXX Title: YOUR TITLE Cardin-Cordicated Tel: 514-709-0781 Hours of Operation: 8am - 5pm Date: SHIPMENT INFORMATION Carrier Rame (If not using ConsultiExpo): CONSULTEXPO INC Carrier Contact Name: COORDINATOR NAME INFORMATION Carrier Rame (If not using ConsultiExpo): CONSULTEXPO INC Carrier Contact Name: COORDINATOR NAME Type of Pieces Iso/ Crate/ Seda, sec. Longth (Inches) X Width (Inches) X Height (Inches) Type of Pieces Iso/ Crate/ Seda, sec. Longth (Inches) X Width (Inches) X Height (Inches) Total Weight (IsS) Each X X X S Weight (IsS) Each X X X S Weight (IsS) Each X X X S Weight (IsS) Each Corrust Mander of Depleted Service (Please Specify) Corrust Mander of Deplet
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City: LANGHORNE State/Prov: PA Zip/Post: 19047 Contact Name: MARY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 RETURN SHIPPING INFORMATION
Contact Name: MARY PARKER Tel: 709-888-7788 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 RETURN SHIPPING INFORMATION Z SAME AS SHIPPER Company Name: "EXHIBITING COMPANY NAME" IRS# 12-3456786 Address: 123 SESAME STREET City: LANGHURNE State/Prov: PA Zip/Post: 19U4/ Contact Name: MARY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TERMS OF PAYMENT AND DEPOSIT- (MANDATORY INFORMATION) Carrier Name: MARY PARKER Tel: 709-888-7788 TERMS OF PAYMENT AND DEPOSIT- (MANDATORY INFORMATION) Cardididar Name: MARY PARKER Tel: 709-888-7788 TERMS OF PAYMENT AND DEPOSIT- (MANDATORY INFORMATION) Cardididar Name: MARY PARKER Tel: 709-888-7788 Title: YOUR TITLE Cordid Card Number: XXXX XXXXX XXXX CVV: XXX Explip Date: MM/DD Linesty amontos use of this cost to payment of services relative to this to other payment of services relative to the total payment of the total payment of the total payment of the total payment of the
Contact Name: MARY PARKER Tel: 709-888-788 Email: MPARKER@EMAIL.COM Fax: 709-888-788 Email: MPARKER@EMAIL.COM Fax: 709-888-788 INVOICING INFORMATION Company Name: "EXHIBITING COMPANY NAME" IRS# 12-3456786 Address: 123 SESAME STREET City: LANGHURNE State/Prov: PA Zip/Post: 19U4/ Contact Name: MARY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TEMBORY PARKER Tel: 709-888-7788 TEMBORY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TEMBORY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TEMBORY PARKER Tel: 709-888-7788 TemBi: MPARKER@EMAIL.COM TemBory Name: MARY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 Title: YOUR TITLE Cortact Aname: MARY PARKER Tel: 709-888-7788 Title: YOUR TITLE Cortact Contact Name: MARY PARKER Tel: 709-888-7788 Title: YOUR TITLE Carrier Onname (If not using ConsultExpo): CONSULTEXPO INC Carrier Contact Name: COORDINATOR NAME Carrier Contact Tel: 514-709-0781 Carrier Conta
Contact Name: MARY PARKER Tel: 709-888-788 Email: MPARKER@EMAIL.COM Fax: 709-888-788 Email: MPARKER@EMAIL.COM Fax: 709-888-788 INVOICING INFORMATION Company Name: "EXHIBITING COMPANY NAME" IRS# 12-3456786 Address: 123 SESAME STREET City: LANGHURNE State/Prov: PA Zip/Post: 19U4/ Contact Name: MARY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TEMBORY PARKER Tel: 709-888-7788 TEMBORY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TEMBORY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TEMBORY PARKER Tel: 709-888-7788 TemBi: MPARKER@EMAIL.COM TemBory Name: MARY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 Title: YOUR TITLE Cortact Aname: MARY PARKER Tel: 709-888-7788 Title: YOUR TITLE Cortact Contact Name: MARY PARKER Tel: 709-888-7788 Title: YOUR TITLE Carrier Onname (If not using ConsultExpo): CONSULTEXPO INC Carrier Contact Name: COORDINATOR NAME Carrier Contact Tel: 514-709-0781 Carrier Conta
RETURN SHIPPING INFORMATION SAME AS SHIPPER Company Name: "EXHIBITING COMPANY NAME" IRS# 12-3456786 Address: 123 SESAME STREET City: LANGHUKNE State/Prov: PA Zip/Post: 19047 Contact Name: MARY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-7788 TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION) Carded of the safe to preprint of devices selected to the local to carde company information of the safe to preprint of devices selected to the local to carde company information of the safe to preprint of devices selected to the local to carde company information of the safe to preprint of devices selected to the local to carde company information of the safe to preprint of devices selected to the local to carde company information of the safe to preprint of devices selected to the local to carde company information of the safe to preprint of devices selected to the local to carde company information of the safe to preprint of devices selected to the local to carde company information of the safe to preprint of devices selected to the local to carde company information of the local to carded the local to carded the local to carded to conduct of the local to conduct of th
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Company Name: "EXHIBITING COMPANY NAME" IRS# 12-3456786 Address: 123 SESAME STREET City: LANGHUKNE State/Prov: PA Zip/Post: 19U4/ Contact Name: MARY PARKER Tel: 709-888-0970 Email: MPARKER@EMAIL.COM Fax: 709-888-788 TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION) Charge to: [7] VISA MASTERCARD MASTERCARD MASTERCARD Cardholder Name: MARY PARKER Tel: 709-888-7788 TERMS OF PAYMENT AND DEPOSIT - (MANDATORY INFORMATION) Charge to: [8] VISA MASTERCARD MASTERCARD Cardholder Name: MARY PARKER Tel: 709-888-7788 Title: YOUR TITLE Credit Card Number: XXXXX XXXX XXXX CV: XXX EXPIP Date: MM/IDD Cardholder Signature: Date: SHIPMENT INFORMATION Carrier Contact Tel: 514-709-0781 Carrier Contact Tel: 514-709-07
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Interest authorize use of this card for payment of services relative to this form. I understand that declined oracid reads are authorized to a 20% surchage (minimum \$50.00): Date: Dat
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 Delivery Date: 09/22/2022 Delivery Date: 09/22/2022 Delivery Date: 09/22/2022 # of Pieces Box / Crate / Skids, etc.) Length (Inches) X Width (Inches) X Height (Inches) Type of Pieces Box / Crate / Skids, etc.) Length (Inches) X Width (Inches) X Height (Inches) Total (LBS) Cases 44 X 15 X 15 @ Weight (LBS) Each 100 500 X X X @ Weight (LBS) Each Total Pieces Requested Service Level: Additional Services Required: Carrier Contact Name: COORDINATOR NAME Carrier Contact Name: CoordInate Name: CoordInate Name Per Piece (LBS) Total (LBS) Per Piece (LBS) Total (LBS) Per Piece (LBS) Total (LBS) Fotal (LBS) Each X X X @ Weight (LBS) Each Sound / Truck Special Service (Please Specify) Carrier Contact Name: CoordInate Name: CoordI
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5 Cases 44 X 15 X 15 @ Weight (LBS) Each 100 500 X X X @ Weight (LBS) Each Total Pieces Requested Service Level: Air Freight 2nd Day Expedited Inside Pick Up / Delivery Ground / Truck Special Service (Please Specify) Carge 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.
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Total Pieces Requested Service Level: Additional Services Required: Air Freight Lift Gate Day Expedited 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.
Total Pieces Requested Service Level: Additional Services Required: Air Freight 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.
Requested Service Level: Additional Services Required: Lift Gate Inside Pick Up / Delivery Ground / Truck 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.
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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.
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