



# FORMULAIRE DE COMMANDE

## SERVICES DE TRANSPORT



Téléc: 1-888-629-9008 | Courriel: GES@consultexpoinc.com | Tél: 514-482-8886

<b>Nom de l'événement:</b>		<b>Dates de l'événement:</b>	
<b>Services requis (Veuillez cocher une case):</b>			
Transport aller-retour		Transport aller seulement	Transport / retour seulement

<b>Expéditeur</b>		
Nom de la compagnie:		
IRS#		
Adresse:		
Ville:	État/Prov:	Code Postal:
Personne ressource:	Tél:	
Courriel:	Téléc.:	

<b>Lieu de livraison</b>		
Nom de la compagnie:		# Kiosque:
Nom du site d'événement:		
Adresse:		
Ville:	État/Prov:	Code Postal:
Personne ressource:	Cell:	
Courriel:		

<b>RETOUR D'EXPÉDITION</b>			TEL QUE L'EXPÉDITEUR
Nom de la compagnie:			
IRS#			
Adresse:			
Ville:	État/Prov:	Code Postal:	
Personne ressource:	Tél:		
Courriel:	Téléc.:		

<b>FACTURATION</b>			TEL QUE L'EXPÉDITEUR
Nom de la compagnie:			
IRS#			
Adresse:			
Ville:	État/Prov:	Code Postal:	
Personne ressource:	Tél:		
Courriel:	Téléc:		

<b>MODALITÉ DE PAIEMENT - (INFORMATION OBLIGATOIRE)</b>			
Charger à :	VISA	MASTERCARD	AMEX
Non du titulaire de la carte:	Titre:		
Numéro de la carte:	CVV:	Date d'expiration:	
J'autorise, par la présente, l'utilisation de cette carte de crédit pour le paiement des services relatifs à cette commande			
Signature du titulaire:		Date:	

<b>RENSEIGNEMENTS RELATIFS À VOTRE EXPÉDITION</b>			
Transitaire / transporteur (si autre que ConsultExpo):		Personne ressource:	
Contact Tél:		Courriel:	
Date du ramassage:		Heures d'opérations:	
Date de livraison:		Heure de livraison:	

# de colis	Description des colis (Boîtes / Caisses / palettes)	Longueur	X	Largeur	X Hauteur (Pouces)		Par colis (LB)	Total (LB)
			X		X	@ Poids (LB) Chq		
			X		X	@ Poids (LB) Chq		
			X		X	@ Poids (LB) Chq		
			X		X	@ Poids (LB) Chq		
			X		X	@ Poids (LB) Chq		
			X		X	@ Poids (LB) Chq		
	<b>Total</b>						<b>Poids total:</b>	

Service demandé:	Fret aérien	Express 2 jours	Camion / terrestre
Services additionnels requis:	Camion a hayon	Ramassage à l'intérieur	Service spécial (veuillez spécifier)

**Politiques de paiement et limites de responsabilité:**

Toutes les commandes sont soumises aux politiques de paiement et aux limites de responsabilités de GES Canada Ltée stipulées dans le manuel de l'exposant de cet événement. Voir Manuel d'exposants pour plus amples informations. Les services Evenementiels ConsultExpo Inc, agit comme agent de GES Canada Ltd.

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<b>SIGNATURE DU CLIENT</b>	
Je certifie avoir lu et accepte les conditions de ce contrat.	
Signature:	
Nom:	
Titre:	
Date:	

<b>ACCEPTÉ PAR GES / CONSULTTEXPO</b>	
Signature:	
Nom:	
Titre:	
Date:	



# TRANSPORTATION SERVICES ORDER FORM



CONSULTTEXPO

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

Show / Event Name:

Show / Event Dates:

Services Required (Please select one):

Round Trip Shipping Services

Inbound Shipping Only

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

## SHIPMENT INFORMATION

Carrier Name (If not using GES):	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)

### Payment Policy and Limits of Liability:

All orders are governed by GES Canada Ltd. Payment Policy and limits of Liability & Responsibility as specified in this event's Exhibitor kit. Please see the exhibitor services manual for more information. ConsultExpo Event Services Inc. is acting agent for GES Canada Ltd.

### CLIENT SIGNATURE I have read and agree to the terms of this contract.

Signature:
Name:
Title:
Date:

### ACCEPTED BY GES / CONSULTTEXPO

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	<b>Total Pieces</b>							<b>Total Weight</b>	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: