



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 | 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 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) | @ Weight (LBS) Each | Per Piece (LBS) | Total (LBS) |
|---------------------|--------------------------------------------|----------------------------------------------------|---------------------|---------------------|-------------|
| | | X X X | @ Weight (LBS) Each | | |
| | | X X X | @ Weight (LBS) Each | | |
| | | X X X | @ Weight (LBS) Each | | |
| | | X X X | @ Weight (LBS) Each | | |
| | | X X X | @ Weight (LBS) Each | | |
| | | X 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: | <input type="checkbox"/> Air Freight | <input type="checkbox"/> 2nd Day Expedited | <input checked="" type="checkbox"/> Ground / Truck |
| Additional Services Required: | <input type="checkbox"/> Lift Gate | <input type="checkbox"/> Inside Pick Up / Delivery | <input type="checkbox"/> 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 CONSULTEXPO | |
| Signature: | |
| Name: | |
| Title: | |
| Date: | |



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

PROTECTED **B** when completed
PROTÉGÉ **B** 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 | |
| 4. Consignee (name and address) - Destinataire (nom et adresse) | | 3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur) | |
| | | 5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) | |
| 8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada | | 6. Country of transshipment - Pays de transbordement | |
| | | 7. Country of origin of goods Pays d'origine des marchandises | |
| 11. Number of packages Nombre de colis | | 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 | |
| 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) | |
| 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 | | 14. Unit price Prix unitaire | |
| | | 15. Total | |
| 19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur) | | 16. Total weight - Poids total Net _____ Gross - Brut _____ | |
| | | 17. Invoice total Total de la facture | |
| 21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu) | | 20. Originator (name and address) - Expéditeur d'origine (nom et adresse) | |
| 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 _____ | | 22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input type="checkbox"/> | |
| 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 <input type="checkbox"/> (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 <input type="checkbox"/> | |

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 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) "EXHIBITING COMPANY NAME" C/O INT'L MUPPET ASSOCIATION ANNUAL MEETING 2022 EVENT FACILITY NAME 123 CONVENTION CENTER WAY MONTREAL, QC H1X 1X1 | | 5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) N/A | | | | | |
| 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 | | 6. Country of transshipment - Pays de transbordement N/A | | | | | |
| 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 |
| 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 | \$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 <input type="checkbox"/> | | | | | 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 <input checked="" type="checkbox"/> | | |
| 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 <input type="checkbox"/> (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 <input type="checkbox"/> | | | |

LEAVE BLANK

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