

DOMESTIC TRANSPORTATION SERVICES ORDER FORM

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

Show / Event Name:

Services Required (Please select one):

Show / Event Dates:

Shipping Only

SHIPPER INFO (SHIPPING FROM)		DELIVERY INFO	DELIVERY INFO (GOING TO)		
Company Name:			Company Name:		Booth#
			Venue Name:		
Address:			Address:		
City:	Province:	Postal:	City:	Province:	Postal:
Contact Name:	:	Tel:	On-site Contact Nam	ne:	Cell:
Email:		Fax:	Email:		

RETURN SHIPPIN	G INFORMATION	SAME AS SHIPPER	INVOICING INFOR	MATION	SAME AS SHIPPER
Company Name:			Company Name:		
Address:			Address:		
City:	Province:	Zip/Post:	City:	Province:	Postal
Contact Name:		Tel:	Contact Name:	:	Tel:
Email [.]		Fax:	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% surchage (minimum \$50.00).				
Cardholder Signature: Date:				

Cardholder Signature:

SHIPMENT INFORMATION

Pick-up Date:			Hours of Or	peration.		
Delivery Date:			Delivery Tin			
# of Pieces	Type of Piece (Box / Crate / Skids,		Width (Inches) X Height ((Inches)	Per Piece (LBS)	Total (LBS)
		X	Х	@ Weight (LBS) Each		
		X	Х	@ Weight (LBS) Each		
		X	Х	@ Weight (LBS) Each		
		X	Х	@ Weight (LBS) Each		
		X	Х	@ Weight (LBS) Each		
		X	Х	@ Weight (LBS) Each		
	Total Pieces				Total Weight	
Requested Service Level: Additional Services Required:	-	nd Day Expedited hside Pick Up / Delivery	Ground / Truck Special Service (Please	Specify) Check to Decline	Cargo Insurance (see below)

Additional Services Required:	Lift
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Cargo Insurance / Declared Value Unless declined, cargo insurance will apply at the rate of \$1.25 per \$100.00 in value (min \$125) per shipment with a \$1000 deductible applicable / maximum liability limit is \$250,000CAD. Coverage is limited to the portion of the shipment lost or damaged. Subject to the terms and conditions of liability for loss/damage, stated below. Should you opt to decline cargo insurance through ConsultExpo, this shipment will only be covered under basic carrier liability, directly with the carrier. In this case 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.

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 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 have Read and agree to the terms of this contract.	ACCEPTED BY CONSULTEXPO
Signature:	Signature:
Name:	Name:
Title:	Title:
Date:	Date: