

**CONSULTEXPO CUSTOMS BROKERAGE AND TRANSPORTATION SERVICES  
COMICCON**

ConsultExpo Inc., has been selected as official Customs Broker and will be pleased to assist with all your customs and international shipping needs. For your convenience, their forms are available in the exhibitor service manual or exhibitors can visit [www.consultexpoinc.com/forms/](http://www.consultexpoinc.com/forms/) to download PDF forms or submit form information online.

For a personalized service, please contact:

**Jeff Labbé, Operations**

**Tel: 514-482-8886 ext. 7**

**Mobile: 514-709-0739**

**Fax : 888-629-9008**

**Email: [jeffl@consultexpoinc.com](mailto:jeffl@consultexpoinc.com)**

If shipping internationally via your own carrier from outside of Canada, please note that you will still require customs clearance services. Please complete the **ConsultExpo Order Form** and **Canada Customs Invoice** and return to their office prior to shipping and provide them with your shipment's tracking number.

**HAND CARRY OR PRIVATE VEHICLE**

For Exhibitors who will be arriving by plane or plan on carrying exhibit material with them on their flight to Comiccon, it is important to notify ConsultExpo a minimum of four weeks in advance so the necessary documentation can be provided for customs clearance.



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:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> 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)		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) ☐ Check to Decline Cargo Insurance (see below)

**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 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): 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		
			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 CONSULTEXPO**

Signature:  
Name:  
Title:  
Date:



CANADA CUSTOMS INVOICE  
FACTURE DES DOUANES CANADIENNES

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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)  <b>**FOR CUSTOMS CLEARANCE CONTACT: CONSULTEXPO - EMAIL: INFO@CONSULTEXPOINC.COM FAX: 888-629-9008 - TEL: 514-482-8886**</b>	
		6. Country of transshipment - Pays de transbordement N/A	
		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.)  NO SALE INVOLVED	
		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

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1. Vendor (name and address) - Vendeur (nom et adresse) <b>"EXHIBITING COMPANY NAME"</b> 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) <b>"EXHIBITING COMPANY NAME"</b> 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 <b>USA / CHINA</b>	
		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) <b>"EXHIBITING COMPANY NAME"</b> 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	

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