

**CONSULTEXPO CUSTOMS BROKERAGE**  
**2025 ACI-NA & ACI WORLD ANNUAL GENERAL ASSEMBLY, TORONTO CANADA**

ConsultExpo, has been selected as official Customs Broker and will be pleased to assist all ACI-NA 2025 exhibitors with their customs clearance needs when sending display material to Toronto, Canada.

Included with their services you will have access to:

- Simple and user-friendly assistance with customs document completion
- On-site presence during move-in and move-out by a ConsultExpo representative
- Round-trip customs clearance services

Please complete the **ConsultExpo Order Form** and **Canada Customs Invoice** and return to their office **prior to shipping**. For your convenience, you may download their forms from <http://consultexpoinc.com/forms/> or go to the following link and submit information directly online: <http://consultexpoinc.com/onlineforms/>.

**\*\*We encourage you to ship via the official carrier Hargrove and if you choose to ship via a courier such as FedEx UPS or DHL please note that you will still require customs clearance services therefore please Complete and return our Order Form and Canada Customs Invoice and provide ConsultExpo with your shipment's tracking number. \*\***

For a detailed round-trip custom clearance estimate, please complete the **ConsultExpo Order Form** and **Canada Customs Invoice** and return to the undersigned. If you agree with the estimate, ConsultExpo will proceed with your clearance.

**HAND CARRY OR PRIVATE VEHICLE**

For exhibitors who plan on driving across the border with exhibit material, it is important to notify ConsultExpo a minimum of 2 weeks in advance, so the necessary documentation can be provided for customs clearance. For a personalized service, please contact:

**JOHN SANTINI, OPERATIONS DIRECTOR**  
Tel: 514.482.8886 Ext. 1  
Mobile: 514-709-0781  
Email: [JohnS@consultexpoinc.com](mailto:JohnS@consultexpoinc.com)  
Fax: 888.629.9008

**HEATHER JAMES, OPERATIONS MANAGER**  
Tel: 514.482.8886 Ext. 3  
Mobile: 416-561-7779  
Email: [Heatherj@consultexpoinc.com](mailto:Heatherj@consultexpoinc.com)  
Fax: 888.629.9008

[www.consultexpoinc.com](http://www.consultexpoinc.com)

[www.consultexpoinc.com/forms/](http://www.consultexpoinc.com/forms/)



**CONSULTEXPO**  
CUSTOMS | SHIPPING | TAX SERVICES



Show / Event Name:

Show / Event Dates:

Custom Clearance 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 :       | Carrier Contact Name:  |
| Carrier Contact Tel: | Carrier Contact Email: |
| Pick-up Date:        | Hours of Operation:    |
| Delivery Date:       | Delivery Time:         |

| # of Pieces  | Type of Pieces<br>(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

Ground / Truck

### 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): 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<br>(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:



**CANADA CUSTOMS INVOICE**  
**FACTURE DES DOUANES CANADIENNES**

**PROTECTED** **B** when completed  
**PROTÉGÉ** 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  |   |
|   |  | 3. Other references (include purchaser's order No.)<br>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)<br>Nom et adresse de l'acheteur (s'il diffère du destinataire)   |   |
|   |  | 6. Country of transshipment - Pays de transbordement   |   |
|   |  | 7. Country of origin of goods<br>Pays d'origine des marchandises   | IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS<br>ENTER ORIGINS AGAINST ITEMS IN 12.<br>SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES<br>DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12. |
| 8. Transportation: Give mode and place of direct shipment to Canada<br>Transport : Précisez mode et point d'expédition directe vers le Canada   |  | 9. Conditions of sale and terms of payment<br>(i.e. sale, consignment shipment, leased goods, etc.)<br>Conditions de vente et modalités de paiement<br>(p. ex. vente, expédition en consignation, location de marchandises, etc.)  |   |
|   |  | 10. Currency of settlement - Devises du paiement   |   |
| 11. Number of packages<br>Nombre de colis   | 12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality)<br>Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité) | 13. Quantity (state unit)<br>Quantité (précisez l'unité)   | 14. Unit price<br>Prix unitaire   |
|   |  |  | 15. Total   |
| 18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box<br>Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case<br>Commercial Invoice No. - N° de la facture commerciale   |  | 16. Total weight - Poids total<br>Net Gross - Brut   |   |
|   |  | 17. Invoice total<br>Total de la facture   |   |
| 19. Exporter's name and address (if other than vendor)<br>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<br>Si les zones 23 à 25 sont sans objet, cochez cette case   |   |
| 23. If included in field 17 indicate amount:<br>Si compris dans le total à la zone 17, précisez :<br><br>(i) Transportation charges, expenses and insurance from the place of direct shipment to Canada<br>Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada<br><br>(ii) Costs for construction, erection and assembly incurred after importation into Canada<br>Les coûts de construction, d'érection et d'assemblage après importation au Canada<br><br>(iii) Export packing<br>Le coût de l'emballage d'exportation |  | 24. If not included in field 17 indicate amount:<br>Si non compris dans le total à la zone 17, précisez :<br><br>(i) Transportation charges, expenses and insurance to the place of direct shipment to Canada<br>Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada<br><br>(ii) Amounts for commissions other than buying commissions<br>Les commissions autres que celles versées pour l'achat<br><br>(iii) Export packing<br>Le coût de l'emballage d'exportation |   |
|   |  | 25. Check (if applicable):<br>Cochez (s'il y a lieu) :<br><br>(i) Royalty payments or subsequent proceeds are paid or payable by the purchaser<br>Des redevances ou produits ont été ou seront versés par l'acheteur<br><br>(ii) The purchaser has supplied goods or services for use in the production of these goods<br>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

|  |  |   |                                 |
|--|--|---|---------------------------------|
| 1. Vendor (name and address) - Vendeur (nom et adresse)<br>"EXHIBITING COMPANY NAME"<br>123 SESAME STREET<br>LANGHORNE, PA<br>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)<br>"EXHIBITING COMPANY NAME"<br>C/O INT'L MUPPET ASSOCIATION ANNUAL MEETING 2022<br>EVENT FACILITY NAME<br>123 CONVENTION CENTER WAY<br>MONTREAL, QC H1X 1X1   |  | 3. Other references (include purchaser's order No.)<br>Autres références (inclure le n° de commande de l'acheteur)  |                                 |
| 8. Transportation: Give mode and place of direct shipment to Canada<br>Transport : Précisez mode et point d'expédition directe vers le Canada<br>ConsultExpo Logistics INC, CHICAGO, IL  |  | 5. Purchaser's name and address (if other than consignee)<br>Nom et adresse de l'acheteur (s'il diffère du destinataire)<br>N/A   |                                 |
|  |  | 6. Country of transshipment - Pays de transbordement<br>N/A   |                                 |
|  |  | 7. Country of origin of goods<br>Pays d'origine des marchandises<br>USA / CHINA   |                                 |
|  |  | IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS<br>ENTER ORIGINS AGAINST ITEMS IN 12.<br>SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES<br>DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.   |                                 |
|  |  | 9. Conditions of sale and terms of payment<br>(i.e. sale, consignment shipment, leased goods, etc.)<br>Conditions de vente et modalités de paiement<br>(p. ex. vente, expédition en consignation, location de marchandises, etc.)<br>NO SALE INVOLVED   |                                 |
|  |  | 10. Currency of settlement - Devises du paiement<br>USD   |                                 |
| 11. Number of packages<br>Nombre de colis  | 12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality)<br>Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité) | 13. Quantity (state unit)<br>Quantité (précisez l'unité)  | 14. Unit price<br>Prix unitaire |
| 5  | PLASTIC CRATES CONTAINING BOOTH STRUCTURE - MADE IN USA<br>LITERATURE - MADE IN USA<br>KEYCHAINS - MADE IN CHINA   | 5<br>1000<br>50   | \$1,000.00<br>\$0.10<br>\$0.50  |
|  |  | 15. Total<br>\$5,000.00<br>\$100.00<br>\$25.00  |                                 |
| 18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box<br>Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case<br>Commercial Invoice No. - N° de la facture commerciale  |  | 16. Total weight - Poids total<br>Net<br>Gross - Brut<br>500  |                                 |
| 19. Exporter's name and address (if other than vendor)<br>Nom et adresse de l'exportateur (s'il diffère du vendeur)  |  | 17. Invoice total<br>Total de la facture<br>\$5,125.00  |                                 |
| 20. Originator (name and address) - Expéditeur d'origine (nom et adresse)<br>"EXHIBITING COMPANY NAME"<br>123 SESAME STREET<br>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<br>Si les zones 23 à 25 sont sans objet, cochez cette case   |  | 23. If included in field 17 indicate amount:<br>Si compris dans le total à la zone 17, précisez :<br>(i) Transportation charges, expenses and insurance from the place of direct shipment to Canada<br>Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada<br>(ii) Costs for construction, erection and assembly incurred after importation into Canada<br>Les coûts de construction, d'érection et d'assemblage après importation au Canada<br>(iii) Export packing<br>Le coût de l'emballage d'exportation |                                 |
| 24. If not included in field 17 indicate amount:<br>Si non compris dans le total à la zone 17, précisez :<br>(i) Transportation charges, expenses and insurance to the place of direct shipment to Canada<br>Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada<br>(ii) Amounts for commissions other than buying commissions<br>Les commissions autres que celles versées pour achat<br>(iii) Export packing<br>Le coût de l'emballage d'exportation |  | 25. Check (if applicable):<br>Cochez (s'il y a lieu) :<br>(i) Royalty payments or subsequent proceeds are paid or payable by the purchaser<br>Des redevances ou produits ont été ou seront versés par l'acheteur<br>(ii) The purchaser has supplied goods or services for use in the production of these goods<br>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.