

SERVICE AGREEMENT

(Click the field to complete the form)



In conformance with the terms specified at https://www.exhibitions cargo.com/en/service-agreement_v02020 and in consideration of fees charged, the undersigned _____ (your name), hereinafter, "Customer", retains **EXHIBITIONS CARGO USA, LLC** as my shipping agent to arrange transportation services and provide logistics assistance applying to the shipments related with to the Event/Project described in section number 2 of this form.



The information requested below will be used for filing the Customs Entry Declaration and other customs documents. Please make sure all details are fully completed and accurate. By correctly providing the information, delays and fines are avoided during the customs clearance process. Do not attach any form of payment, ID's, invoice forms, nor this contract on or inside the boxes of your shipment.



1. Customer Billing Information

Company Name _____ Tax ID/BN/TIN/ _____
Address _____ City _____
State _____ Country _____ ZIP _____  _____



Primary Contact

Name _____ Title _____
 _____  _____ ext. _____

Accounts Payable Contact

Same as primary contact ☐
Name _____ Title _____
 _____  _____ ext. _____



Company representative at the event site

Name _____
 _____  _____

2. Event Information

Event name (as registered at the venue) _____
Delivery date at the event site (mm/dd/yy) _____
Event start date (mm/dd/yy) _____ Event end date (mm/dd/yy) _____
Number of attendees _____

3. Venue Information

Venue _____
Address _____
Name of the Venue/Hotel Groups Manager handling your event _____
 _____  _____ ext. _____

4. Return Shipment (If applicable)

If you consider you will need a return shipment please fill out the below. Exhibitions Cargo will only proceed with the pickup once the shipping invoice is verified and the quote is accepted. Return forms will be sent to you by email.
Estimated number of boxes _____ PickUp Date (mm/dd/yy) _____

5. Insurance

I want to obtain Cargo Insurance* YES ☐ NO ☐
If YES, Beneficiary for compensation
Same as Billing Information ☐ Other/Company name _____
Address _____ City _____ State _____
Country _____ ZIP _____
Contact _____  _____
*Applicable for round trip.

If any changes arise please notify Exhibitions Cargo.

How did you know about EXHIBITIONS CARGO? _____
☐ By activating the check box you are agreeing with the Service Agreement terms mentioned in:
https://www.exhibitions cargo.com/en/service-agreement_v02020

Signature Company Contract Signer

Name _____
Title _____
 _____
Date (mm/dd/yy) _____

The person signing this agreement has the authority to represent the company mentioned above. It appoints Exhibitions Cargo as its agent and assures full and prompt payment.
I state that the information I provide in this agreement and in the shipping invoice form is true to the best of my knowledge.