

2020 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 from the signing date of this agreement until December 31st, 2020.





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 _____  _____
















Accounts Payable Contact

Same as primary contact ☐

Name _____ Title _____
 _____  _____ ext. _____

2. Authorized Contacts

I authorize the below contacts to fill in a service order on behalf of the company. Providing all the information required for each event.

Name	_____		_____		_____	ext. _____
Name	_____		_____		_____	ext. _____
Name	_____		_____		_____	ext. _____
Name	_____		_____		_____	ext. _____
Name	_____		_____		_____	ext. _____
Name	_____		_____		_____	ext. _____
Name	_____		_____		_____	ext. _____
Name	_____		_____		_____	ext. _____

3. 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 you need different beneficiaries, please specify them in the service order.

☐ 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.