

SERVICE AGREEMENT

SHIPPER INFORMATION

Company name : _____

Shipper's address : _____

Telephone : _____ email : _____

Contact name : _____

CONSIGNEE INFORMATION

Company name : _____

Consignee address: _____

Telephone : _____

Contact name : _____

REQUESTED SERVICES (indicate only applicable services)

Classification Packaging Documentation

Carrier : Logistique Complexe Other : _____
Account number : _____

Custom broker (if required) : _____

Mode of transport : Air Maritime Ground Rail

Number of packages , pallet(s), container(s) : _____ Total weight (lbs/kg) : _____

Dimensions (inches/cm): _____

DANGEROUS GOODS : YES NO

If NO, description of goods : _____

If YES : **It is mandatory to provide the safety data sheet (SDS)** (Complete to the best of your knowledge)

UN number : _____ Class : _____ Packing group : _____

NET Quantity (L /kg) : _____ Type of UN container : _____

BILLING INFORMATION

Method of payment :

Credit card # _____ exp. : ____ / ____ Authorization Number _____

Invoice account – Billing address : _____

Purchase Order : _____

PDF Invoice - email address : _____

Cash :

I , the undersigned, hereby have provided all accurate information that will permit *Logistics Complex* to fulfill their functions related to the transport of dangerous goods in accordance with Article 1.1.1 of Part 1 of the Rules ICAO(Air) and/or Article 1.1.1 of Part 1 of the IMDG Code (Maritime) and/or 1.5 of the TDG (Terrestrial) . In addition, *Logistics Complex* cannot be held responsible for any refusal or incident as a result of inaccurate information provided by the sender, packages that are not prepared by *Logistics Complex*, customs papers not completed by *Logistics Complex*, damage related to normal conditions of transport, costs related to customs delays and / or spills as it acts as a third party. *Logistics Complex* will not guarantee a delivery date . Please also note that any additional fees charged to *Logistics Complex* will be invoiced to the customer.

By signing this Service Agreement , you acknowledge that *Logistics Complex* is not responsible for any claim of any nature whatsoever. *Logistics Complex* does not offer transport insurance. It is your responsibility to properly insure your shipment .

Shipper's signature : _____

Name (Printed) : _____

Date : _____

**NOTE: If you need to package your product at our facility,
please contact us:514.780.3834 / 877.486.3834
www.logisplex.com**