

# SERVICE AGREEMENT

## SHIPPER INFORMATION

Compagnie name : \_\_\_\_\_

Shipper's address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone : \_\_\_\_\_ email : \_\_\_\_\_

Contact name : \_\_\_\_\_

## CONSIGNEE INFORMATION

Consignee : \_\_\_\_\_

Consignee address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone : \_\_\_\_\_ email : \_\_\_\_\_

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. : \_\_\_\_ / \_\_\_\_

Invoice account – Billing address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**