

# Customs & Transportation Services Order Form

Please accept this as authority for Davidson and Sons Customs Brokers LTD., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Davidson and Sons Customs Brokers LTD., Standard Trading Conditions, including but not limited to: 1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released; and 2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant Davidson and Sons Customs Brokers LTD., full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted

<b>Show/Event Name:</b> WestJet Travel Trade Expo	<b>Show/Event Dates:</b> April 29, 2019
<b>Services Required (please check one):</b>	
<input checked="" type="checkbox"/> Customs Clearance and Transportation	<input type="checkbox"/> Customs Clearance Only
<input type="checkbox"/> Transportation Only	<input type="checkbox"/>

<b>Shipper Info.</b>	Company Name: ABC COMPANY
	IRS #: 12-3456789
	Address: 123 SOMEPLACE AVENUE SUITE 123
	City: NEW YORK State/Prov: NY Zip/Post: 10000
	Contact Name: JOHN SMITH Tel: 555-555-1234
	E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321

<b>Delivery Info.</b>	Company Name: ABC COMPANY Booth #: 100
	Facility Name: Vancouver Convention Centre EAST
	Address: 999 Canada Place
	City: VANCOUVER State/Prov: BC Zip/Post: V6C 3E1
	On-site Contact: JANE DOE Cell: 555-555-9999
	E-mail: JDOE@ABCCOMPANY.COM

<b>Return Freight Info.</b>	<input checked="" type="checkbox"/> Same as Shipper
	Company Name: ABC COMPANY
	IRS #: 12-3456789
	Address: 123 SOMEPLACE AVENUE SUITE 123
	City: NEW YORK State/Prov: NY Zip/Post: 10000
	Contact Name: JOHN SMITH Tel: 555-555-1234
E-Mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321	

<b>Billing Info.</b>	<input checked="" type="checkbox"/> Same as Shipper
	Company Name: ABC COMPANY
	Importer # (if applicable):
	Address: 123 SOMEPLACE AVENUE SUITE 123
	City: NEW YORK State/Prov: NY Zip/Post: 10000
	Contact Name: JOHN SMITH Tel: 555-555-1234
E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321	

<b>Terms of Payment and Security Deposit – MUST BE COMPLETED</b>		
<b>Payment Info.</b>	Charge to: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
	Cardholder Name: JOHN SMITH Title: CFO	
	Credit Card Number: 1234 5678 9123 4567 Expiry Date: 01/19 CVC: 123	
	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 30% surcharge (minimum \$50.00).	
	Cardholder Signature: <i>John Smith</i> Date: DD/MM/YYYY	

<b>Shipment Info.</b>	Carrier Name (if not using DS): NAME OF TRANSPORTATION COMPANY	Carrier Contact Name: TRANSPORTATION COMPANY CONTACT PERSON							
	Carrier Contact Tel: TRANSPORTATION COMPANY PHONE #	Carrier Contact E-mail: TRANSPORTATION COMPANY E-MAIL ADDRESS							
	Pick-up Date: DATE TRANSPORTATION COMPANY WILL PICK - UP FREIGHT	Hours of Operation: HOURS THAT YOUR COMPANY IS OPEN FOR PICK-UP							
	Delivery Date: DATE THAT THE FREIGHT NEEDS TO BE DELIVERED	Delivery Time/Window: MUST BE DELIVERED BETWEEN.. (TIMES)							
	# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	@ Weight (lbs) Each	Per Piece	Total	
	2	BOXES	@ Dimensions (Inches) Each	23	23	48	@ Weight (lbs) Each	56	112
	1	SKID	@ Dimensions (Inches) Each	48	48	48	@ Weight (lbs) Each	400	400
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	3	<b>Total</b>	@ Dimensions (Inches) Each				@ Weight (lbs) Each		<b>Total Weight: 512</b>
Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2 <sup>nd</sup> Day <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other: _____									
Additional Services Required: <input checked="" type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery <input type="checkbox"/> Weekend Pick Up/Delivery									

**Cargo Insurance / Declared Value**  
 This shipment is covered under basic carrier liability, direct 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 Davidson and Sons LTD. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson and Sons LTD. for more information on Cargo Insurance.

**Terms & Conditions**  
 This order is placed with the specific understanding that we hereby release Davidson and Sons LTD. 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) Davidson and Sons LTD. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Davidson and Sons LTD. 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) Davidson and Sons LTD. 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) Davidson and Sons LTD. 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.

<b>Client Signature</b>	
I have read and agree to the terms of this contract.	
Signature: <i>John Smith</i>	
Name: JOHN SMITH	
Title: CFO	
Date: MM/DD/YYYY	

<b>Accepted by Davidson &amp; Sons Customs Brokers LTD.</b>	
Signature:	
Name:	
Title:	
Date:	



# Customs & Transportation Services Order Form

Please accept this as authority for Davidson and Sons Customs Brokers LTD., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Davidson and Sons Customs Brokers LTD., Standard Trading Conditions, including but not limited to: 1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released; and 2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant Davidson and Sons Customs Brokers LTD., full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted

<b>Show/Event Name:</b>		<b>Show/Event Dates:</b>	
<b>Services Required (please check one):</b>			
Customs Clearance and Transportation	Customs Clearance Only	Transportation Only	Advance Warehouse

<b>Shipper Info.</b>	Company Name:		
	IRS #:		
	Address:		
	City:	State/Prov:	Zip/Post:
	Contact Name:	Tel:	
E-mail:	Fax:		

<b>Delivery Info.</b>	Company Name:		Booth #:
	Facility Name:		
	Address:		
	City:	State/Prov:	Zip/Post:
	On-site Contact:	Cell:	
E-mail:			

<b>Return Freight Info.</b>	<input type="checkbox"/> Same as Shipper		
	Company Name:		
	IRS #:		
	Address:		
	City:	State/Prov:	Zip/Post:
Contact Name:	Tel:		
E-Mail:	Fax:		

<b>Billing Info.</b>	<input type="checkbox"/> Same as Shipper		
	Company Name:		
	Importer # (if applicable):		
	Address:		
	City:	State/Prov:	Zip/Post:
Contact Name:	Tel:		
E-mail:	Fax:		

<b>Terms of Payment and Security Deposit – MUST BE COMPLETED</b>				
<b>Payment Info.</b>	Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
	Cardholder Name:	Title:		
	Credit Card Number:	Expiry Date:	CVC:	
	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 30% surcharge (minimum \$50.00).			
	Cardholder Signature:	Date:		

<b>Shipment Info.</b>	Carrier Name (if not using DS):	Carrier Contact Name:
	Carrier Contact Tel:	Carrier Contact E-mail:
	Pick-up Date:	Hours of Operation:
	Delivery Date:	Delivery Time/Window:

# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	@ Weight (lbs) Each	Per Piece	Total
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	@ Dimensions (Inches) Each				@ Weight (lbs) Each		
	<b>Total</b>				<b>Total Weight:</b>		

Requested Service Level:  Air  2<sup>nd</sup> Day  Truck  Other: \_\_\_\_\_  
 Additional Services Required:  Lift Gate  Inside Pick Up/Delivery  Weekend Pick Up/Delivery

**Cargo Insurance / Declared Value**  
 This shipment is covered under basic carrier liability, direct 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 Davidson and Sons LTD. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson and Sons LTD. for more information on Cargo Insurance.

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 This order is placed with the specific understanding that we hereby release Davidson and Sons LTD. 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) Davidson and Sons LTD. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Davidson and Sons LTD. 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) Davidson and Sons LTD. 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) Davidson and Sons LTD. 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.

<b>Client Signature</b>	
I have read and agree to the terms of this contract.	
Signature:	
Name:	
Title:	
Date:	

<b>Accepted by Davidson &amp; Sons Customs Brokers LTD.</b>	
Signature:	
Name:	
Title:	
Date:	



CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

1. Shipper / Vendor (name and address) - Vendeur (nom et adresse) <b>ABC Distributing Company</b> 125 Elm Street New York, NY 66666-6666		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada <p style="text-align: center;">9/3/2018</p>		
4. Receiver / Consignee (name and address) - Destinataire (nom et adresse) <b>ABC Distributing Company / Booth # 234</b> <b>WestJet Travel Trade Expo</b> c/o Vancouver Convention Centre EAST 999 Canada Place Vancouver, BC V6C 3E1		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur) 10-9999999		
		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) No sale involved		
8. Transportation: Give carrier, mode, and tracking information for shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada  <b>**Example**</b> Carrier: Davidson & Sons / LTL Ground Freight / Bill of Lading # ABC12345 or Carrier: FedEx / Int'l. Priority / Tracking # 4259 6986 2257		6. Country of transshipment - Pays de transbordement N/A		
		7. Country of origin of goods Pays d'origine des marchandises Various - See Below		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.
11. Number of packages Nombre de colis		12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)		13. Quantity (state unit) Quantité (précisez l'unité)
		14. Unit price Prix unitaire		15. Total
2 pcs 2 pcs 1 pc 1 pc 3 pcs 2 pcs		Wooden Crates - Display Booth (backwalls, lights, graphics, carpets) - USA Cartons - Advertising Brochures / Catalogs / Technical Literature - USA Carton - Plastic Key Chains - CHINA Carton - Books - USA Cases - Computers - CHINA Cases - Computer Monitors - JAPAN		1 1000 50 50 3 2
\$5,000.00 \$0.10 \$0.50 \$1.00 \$1,000.00 \$500.00		\$5,000.00 \$100.00 \$25.00 \$50.00 \$3,000.00 \$1,000.00	16. Total weight - Poids total Net Gross - Brut N/A 300 lbs	
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>		17. Invoice total Total de la facture \$9,175.00		
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse) <b>ABC Distributing Company</b> 125 Elm Street New York, NY 66666-6666		
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 Si les zones 23 à 25 sont sans objet, cochez cette case <input checked="" type="checkbox"/>		
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez :  (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada  (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada  (iii) Export packing Le coût de l'emballage d'exportation		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez :  (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada  (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour acheter  (iii) Export packing Le coût de l'emballage d'exportation		25. Check (if applicable): Cochez (s'il y a lieu):  (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/>  (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>

LEAVE BLANK



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

1. Shipper / Vendor (name and address) - Vendeur (nom et adresse)		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada		
4. Receiver / Consignee (name and address) - Destinataire (nom et adresse)		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)		
		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire)		
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada		6. Country of transshipment - Pays de transbordement		
		7. Country of origin of goods Pays d'origine des marchandises	IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.	
11. Number of packages Nombre de colis		9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.)		
		10. Currency of settlement - Devises du paiement		
12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)		13. Quantity (state unit) Quantité (précisez l'unité)	Selling price - Prix de vente	
		14. Unit price Prix unitaire		15. Total
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>		16. Total weight - Poids total		17. Invoice total Total de la facture
		Net	Gross - Brut	
19. Exporter's name and address (if other than vendor) 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 Si les zones 23 à 25 sont sans objet, cochez cette case <input type="checkbox"/>		
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez :  (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada _____  (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada _____  (iii) Export packing Le coût de l'emballage d'exportation _____		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez :  (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada _____  (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour l'achat _____  (iii) Export packing Le coût de l'emballage d'exportation _____		25. Check (if applicable): Cochez (s'il y a lieu) :  (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/>  (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>

Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.