

Quote ID# _____

FB# _____

ORDER FORM: Customs Brokerage & Transportation Services

We wish to use North American Logistics Services for: (Please check one)

☐ Customs Clearance & Transportation ☐ Customs Clearance Only ☐ Transportation Only

Section 1 - Exhibitor and Event Information

Pick Up Address	***Company name or facility name***		
	Location Name:	Pickup Date:	Time:
	Address:	City:	Prov./State: Postal/Zip:
	Contact:	Phone #:	Email: US Tax #/EIN:
	Exhibitor Name:	Event Name:	Event Date(s): Booth #:

Delivery Address	***Company name or facility name***		
	Location Name:	Delivery Date:	Time:
	Address:	City:	Prov./State: Postal/Zip:
	Contact:	Phone #:	Email: US Tax #/EIN:
	Exhibitor Name:	Event Name:	Event Date(s): Booth #:

☐ Return freight same as pickup address If same, only complete pickup date/time information ☐ Return services not required

Return Freight	***Company name or facility name***		
	Location Name:	Pickup Date:	Time:
	Address:	City:	Prov./State: Postal/Zip:
	Contact:	Phone #:	Email: US Tax #/EIN:
	Exhibitor Name:	Event Name:	Event Date(s): Booth #:

Section 2 - Carrier/ Shipment Information

Name of carrier providing transportation services <input type="checkbox"/> NALSI <input type="checkbox"/> Other				
Number of Pieces	Dimensions (inches)			Weight (LBS)
Carton/Boxes	L	W	H	
Crates/Fiber Case	L	W	H	
Skid/Pallet	L	W	H	
Carpet/Other	L	W	H	
TOTAL				
Additional Services: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery				
53ft trailer accessible? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Loading dock available? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you require additional Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Declared Value: <small>***for insurance purposes only***</small>				
Cargo Insurance (only to be completed when using NALSI Transportation) **Please note additional fee's will apply for insurance coverage**				

Section 3 - Terms of Payment and Security Deposit (Must be completed)

Send Bill To:	Company Name:	Address:
	Address:	Email: City:
	Prov./State: Postal/Zip:	Contact Name: Phone #:

Invoices are processed electronically and transmitted to email provided.

Charge to:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Cardholder Name:	Card Account #: Expiry Date: CVC #:
Cardholder's Signature:	Email: I hereby authorize the use of this credit card for payment of services related to this order form.
<input type="checkbox"/> OPTION #1 Process payment automatically on credit card provided. A 5%administration fee will be added to invoices paid by credit card.	
<input type="checkbox"/> OPTION #2 Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5%administration fee will be added to invoices paid by credit card.	

Please complete, print, sign and return completed forms to

Toronto/Head Office
Tel: 905.951.1612

Montreal/Eastern Region
Tel: 514.868.6650

Calgary/Prairie Region
Tel: 403.851.1152

Vancouver/Western Region
Tel: 778.328.2841