

Please complete, print, sign and return completed forms to order@nalsi.com

		Quote ID#				
			<b>FB#</b>			
)R	DER FORM: Customs Brokerage & Transportation Se	ervices				
	wish to use North American Logistics Services for: (Please check one)					
***	☐ Customs Clearance & Transportation ☐ Customs Clearance Only	☐ Tran	sportation Only			
~	·		speruaren emj			
	etion 1 - Exhibitor and Event Information ***Company name or facility name***					
les	Location Name:		Pickup Date:		Time:	
Add	Address:	City:		Prov./State:	Postal/Zip:	
Pick Up Address	Contact: Phone #:  ***Applicable only if pickup is from a tradeshow***	Email:		US Tax 7	#/EIN:	
Pic	Exhibitor Name: Event Name:		Event Date(s):		Booth #:	
y	***Company name or facility name***					
Delivery Address	Location Name:		Delivery Date:		Time:	
	Address:	City:		Prov./State:	Postal/Zip:	
	Contact: Phone #:  ***Applicable only if delivering to a tradeshow***	Email:		US Tax #		
Del	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***			<u>-</u>	Time	
	Location Name:	Citan	Pickup Date:	Dunas /States	Time:	
	Address:  Contact: Phone #:	City:		Prov./State:	Postal/Zip:	
Retu	Contact: Phone #:  ***Applicable only if delivering to another tradeshow***  Exhibitor Name: Event Name:	Email:	Event Date(s):	US Tax #	Booth #:	
	Exhibitor Name.		Event Date(s).		D0011 #.	
Sec	ction 2 - Carrier/ Shipment Information					
Nan	ne of carrier providing transportation services  \text{NALSI}  \text{Other}					
	Number of Pieces Dimensions	inches)		Weight (LBS)		
Cart	ton/Boxes L W		Н			
Crat	tes/Fiber Case L W		Н			
Skic	d/Pallet L W		Н			
Carj	pet/Other L W		Н			
ГО	TAL					
Add	litional Services: Lift Gate Inside Pick Up/Delivery					
53ft	trailer accessible? Pickup: \[ Yes \[ No \] Delivery: \[ Yes \[ No \] No Load			Yes ☐ No Delive	ery: 🗌 Yes 🗌 No	
Do you require additional Insurance?  No Declared Value: ***for insurance purposes only***						
Car	rgo Insurance (only to be completed when using NALSI Transportation) **Please note additional fee's will a	apply for insurance co	overage**			
202	ction 3 - Terms of Payment and Security Deposit (Must be cor	mnleted)				
;; l	Company Name: Address:					
은 를	Address					
nd Bill To:	Address: Email:			City:		
Send Bill To:		et Name:		City: Phone	#:	
				•	#:	
nvoi	Prov./State: Postal/Zip: Contactices are processed electronically and transmitted to email provided.			•	#:	
nvoi Cha	Prov./State: Postal/Zip: Contactices are processed electronically and transmitted to email provided.	et Name:		•		
nvoi Cha	Prov./State: Postal/Zip: Contactices are processed electronically and transmitted to email provided.  True to:	rican Express	hereby authorize the use o	Phone Expiry I	Date: CVC #:	
nvoi Cha Caro	Prov./State: Postal/Zip: Contactices are processed electronically and transmitted to email provided.  True to: Wisa MasterCard Amended Card Account #:	rican Express		Phone  Expiry I  f this credit card for paymen	Date: CVC #:	
nvoi	Prov./State: Postal/Zip: Contactices are processed electronically and transmitted to email provided.  Irge to: Visa MasterCard Amendholder Name: Card Account #:  dholder Name: Email:  PTION #1 Process payment automatically on credit card provided. A 5%administration of the process payment will follow within 15 days of invoice processing date. (Credit	rican Express I ration fee will be	e added to invoices may be charged if pa	Expiry I  f this credit card for paymen  paid by credit card.  ayment is not receive	Date: CVC #: t of services related to this order form d within 45 days of invoice	
nvoi	Prov./State: Postal/Zip: Contactices are processed electronically and transmitted to email provided.  Irge to: Visa MasterCard Amended to email provided.  Irge to: Card Account #: Card Account #: Email:  PTION #1 Process payment automatically on credit card provided. A 5%administration of the provided	rican Express I ration fee will be	e added to invoices may be charged if pa	Expiry I  f this credit card for paymen  paid by credit card.  ayment is not receive	Date: CVC #:  t of services related to this order form d within 45 days of invoice	

Please complete, print, sign and return completed forms to

Toronto/Head OfficeMontreal/Eastern RegionCalgary/Prairie RegionVancouver/Western RegionTel: 905.951.1612Tel: 514.868.6650Tel: 403.851.1152Tel: 778.328.2841