

#### Mendelssohn Commerce

276 St-Jacques St. West, Suite 818 Montreal, QC Canada H2Y 2G4

Tel: 514-987-2700 Fax: 514-849-3446

#### MENDELSSOHN CUSTOMS AND INTERNATIONAL TRANSPORTATION SERVICES

**MENDELSSOHN** has been appointed as official customs broker and International transportation provider for **GTEC 2016.** For all <u>International</u> customs and shipping needs, we recommend that you deal directly with Mendelssohn (for all inside Canada/domestic transportation needs please contact GES Canada Manon Ladouceur Tel 514-367-4848). Mendelssohn will advise on how best to ship International goods and will assist exhibitors in the completion of customs and transportation documents. For your convenience, you may download all forms from their website: <u>www.mend.com</u>

FOR **CUSTOMS AND TRANSPORTATION INQUIRIES** PLEASE CONTACT:

Mr. Phil Lopresti@mend.com

Tel: 514-987-2700 ext. 2126 Fax: 514-849-3446 Cell: 514-241-0559 (24hrs)

#### HAND CARRYING or PRIVATE VEHICLE

For exhibitors who will be arriving by plane or in a private vehicle with their goods, it is necessary that you notify Mendelssohn six weeks in advance so that the proper documentation (PAPS) can be prepared for the appropriate border crossing.

Prior to shipping your goods, please fax all appropriate customs documents to their office at 514-849-3446.

A Mendelssohn representative will be on-site from move-in to move-out for your convenience.

Please notify Mendelssohn Trade Shows for Customs Clearance 514 987 2700

Please notify Mendelssohn Trade Shows for Customs Clearance 514 987 2700

#### **Order Form**

#### Customs and Transportation Services

Please accept this as authority for ICECORP Logistics Inc. dba Mendelssohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 121767677RM0001, 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 ICECORP Logistics Inc. Standard Trading Conditions, including but not limited to:



One Source, One Solution

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

The transportation, warehousing, and distribution of such goods.

In signing this form, I grant ICECORP Logistics Inc. dba Mendelssohn Commerce full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to the event and/or shipment(s) detailed below. Event Name: **Event Dates:** Services Required: (please check one) Customs Clearance and Transportation Customs Clearance Only ☐ Transportation Only **Shipper Information Delivery Information** Company Name: Exhibitor/Company Name: IRS # or U.S. Tax Identification #: Booth #: **Event Name:** Facility Name: Address: Address: City: Province/State: Postal/Zip: Province/State: Postal/Zip: City: On-Site Contact: Cell #: Contact Name: Tel: E-mail: Fax: E-mail: **Billing / Invoicing Information Return Freight** ☐ Same as Shipper ☐ Same as Shipper Company Name: Company Name: IRS # or U.S. Tax Identification #: Importer # (if applicable): Address: Address: Province/State: City: Province/State: Postal/Zip: City: Postal/Zip: Contact Name: Tel: Contact Name: Tel: E-mail: E-mail: Fax Shipment Information Carrier Name (if not using Mendelssohn Commerce): Contact Name: Tel: Pick-Up Date: Hours of Operation: **Delivery Date:** Time: ☐ 2<sup>nd</sup> Dav □ Air ☐ Truck Requested Service Level: Additional Services Required: ☐ Lift Gate ☐ Inside Pick-Up/Delivery # of Pieces | Box/Crate/Skid etc. Length Width Height Per Piece Total @ Weight (lbs) Each: @ Dimensions (Inches) Each: @ Dimensions (Inches) Each: @ Weight (lbs) Each: @ Weight (lbs) Each: @ Dimensions (Inches) Each: @ Dimensions (Inches) Each: @ Weight (lbs) Each: @ Dimensions (Inches) Each: @ Weight (lbs) Each: Total Total Weight: 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 Mendelssohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelssohn Commerce for more Cargo Insurance information. Terms of Payment and Security Deposit (Must be completed) \*\*Due to Payment Card Industry (PCI) compliance rules, we will only be able to obtain your Credit Card Number by phone or fax. A separate Credit Card Authorization form has been provided. Please check off the payment method that has been completed for this order: Completed Credit Card Authorization or Preliminary Invoice has been faxed. Incomplete Credit Card Authorization or Preliminary Invoice (without Credit Card #) has been e-mailed. I have provided Credit Card # by telephone. Terms and Conditions This order is placed with the specific understanding that we hereby release ICECORP Logistics dba Mendelssohn Commerce (Mendelssohn Commerce) 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) Mendelssohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelssohn Commerce 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) Mendelssohn Commerce 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) Mendelssohn Commerce 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 Client Signature Accepted by Mendelssohn Commerce I have read and agree to the Terms and Conditions of this Contract. Signature: Signature: Name: Name: Title: Title: Date: Date:

### **Order Form**

Date:

01/29/2014

#### Customs and Transportation Services

Please accept this as authority for ICECORP Logistics Inc. dba Mendelssohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 121767677RM0001, 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 ICECORP Logistics Inc. Standard Trading Conditions, including but not limited to:



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 The transportation, warehousing, and distribution of such goods.

**MENDELSSOHN** One Source. One Solution.

		relation to the event and/or chinment(s) de			oint a sub-age	nt, where required.			
This authority is granted for all shipments in relation to the event and/or shipment(s) detailed below.  Event Name: INT'L MARKETING EVENT  Event Dates: APR. 15-17, 2014									
	equired: (please check s Clearance and Tran		arance O	nly		☐ Transportation Or			
Shipper	Information			Deliver	v Inforn	nation			
	ame: ABC DISTRIBUT	TING COMPANY	<del> </del>			Name: ABC DISTRIBUTIN	IG COMPAN	ΙΥ	
	S. Tax Identification #:			Event Name: INT'L MARKETING EVENT Booth #: 234					
	25 ELM STREET			Facility Name: EVENT FACILITY					
D	OCK DOOR #2			Address: 278 SOMEWHERE PLACE					
City: CHICA	AGO Province/S	tate: IL Postal/Zip: 6666	6	City: TORONTO Province/State: ON Postal/Zip: M5M			. M5M 2B2		
	ne: JOHN DOE	Tel: 708-555-120		On-Site Contact: SANDY SMITH Cell #:708-555-					
E-mail: JDC	DE@DOMAIN.COM	Fax: 708-555-222	22	E-mail: SSMITH@DOMAIN.COM					
Return F			per			ing Information		as Shipper	
Company N	ame: ABC DISTRIBUT	FING COMPANY				BC DISTRIBUTING COMPA		ITING DEPT	
	S. Tax Identification #:	12-3456789	<b></b>			able): 123456789RT000	1		
1	25 ELM STREET OCK DOOR #2		<del> </del>	Address:	345 UAK /	AVE.			
City: CHIC		tate: IL Postal/Zip: 6666	6	City: CHI	CAGO	Province/State: IL	Postal/Zip	: 66667	
Contact Nar	me: JOHN DOE	Tel: 708-555-120		Contact N	ame: JOE	SMITH	Tel: 708-5		
E-mail: JDC	DE@DOMAIN.COM			E-mail: JS	SMITH@D	OMAIN.COM	Fax: 708-	555-1266	
Shipmen	t Information	_							
	·	elssohn Commerce): MENDELSSOHN							
Pick-Up Dat	te: APR. 03/14	Hours of Operation: 8:00 AM -			ate: APR	. 14/14 Time: 11:	00 AM		
	Service Level:	☐ Air ☐ 2 <sup>nd</sup> Day		Truck					
Additional S	ervices Required:	☐ Lift Gate ☐ Inside Pid	ck-Up/Del	ivery					
# of Pieces	Box/Crate/Skid etc.		Length	Width	Height		Per Piece	Total	
2	SKIDS	@ Dimensions (Inches) Each:	48	48	48	@ Weight (lbs) Each:	375	750	
4	CRATES	<ul><li>@ Dimensions (Inches) Each:</li><li>@ Dimensions (Inches) Each:</li></ul>	45	47	60	<ul><li>@ Weight (lbs) Each:</li><li>@ Weight (lbs) Each:</li></ul>	500	2,000	
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:			
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:			
6	Total					To	tal Weight:	2,750	
Cargo In	surance / Decla	red Value							
This shipment is pound multiplied	s covered under basic carried by the number of pounds for	or liability, direct with the carrier. Maximum loor that part of the shipment lost or damaged ms and conditions of liability for loss/damaged	d, but not les	s than \$50.00	per shipment	UNLESS additional Cargo Insura	ance has been a	arranged with	
Terms of	f Payment and S	Security Deposit (Must b	e com	oleted)					
		(PCI) compliance rules, we will or as been provided. Please check of						eparate	
		I Authorization or Preliminary Invo				·			
☐ Ir	Incomplete Credit Card Authorization or Preliminary Invoice (without Credit Card #) has been e-mailed. I have provided Credit Card # by telephone.								
Terms ar	nd Conditions								
This order is plated loss, damage at responsible for acts of god, strill have made other assumed losses	aced with the specific unders nd/or theft to our merchandis damage to uncrated materia kes, lock outs of any kind be er appropriate insurance arra	standing that we hereby release ICECORP I see and property, no matter how caused, and ils, improperly packaged goods or conceale eyond its control. 3) Mendelssohn Commer angements and paid applicable charges. 4) or any collateral costs which may result from	d we have in d damage. ce liability is Mendelsso	sured all such 2) Mendelssol outlined in the hn Commerce	properties be nn Commerce above Cargo shall not be I	ing handled; 1) Mendelssohn Co will not be responsible for any lo b Insurance / Declared Value sec iable to any extent whatsoever fo	mmerce shall no coss/damage/delaction. We are se for the actual, pot	ot be lay due to fire, elf-insured, or tential or	
Client Signature Accepted by Mendelssohn Commerce									
I have read and a	agree to the Terms and Conditi	ons of this Contract.	<b>─</b> ┤						
Signature:	Signature answers				Signature:				
Name: JOE	SMITH	-	─ <b> </b>	Name:					
Title: OWNER / PRESIDENT			Title:						

Date:



### Credit Card Authorization Form

- \*\*Due to Payment Card Industry (PCI) compliance rules, we will only be able to obtain your Credit Card Number by phone or fax.
- \*\*DO NOT e-mail this form. If you are unable to fax, please contact our office for instructions.

### \*\*Please complete this form, and fax it to 514-396-5547.

NOTE: This fax # is used ONLY for receipt of Payment Information. It is located in a secured area that is NOT accessible for receipt of other documents and shipment information. All non-payment information (Order Forms, Invoices, Bills Of Lading, etc.) should be sent via e-mail, or faxed to 514-849-3446.

Event Name:					
Event Dates:					
Invoicing Information					
Exhibitor / Company Name:					
Address:					
City:	Province/State:				
Postal/Zip Code:	Telephone:				
E-mail:					
Credit Card Information					
Charge to:	☐ American Express				
Cardholder Name:					
Card Account Number:					
Expiry Date:					
I hereby authorize the use of this credit card for payment of services relative to this event. I understand that a 2% administrative fee (minimum \$50.00) will be charged for all credit card declines.					
Cardholder's Signature:	DateÁÇ { BàåĐ^^^ D				

Mendelssohn Event Logistics dba MENDELSSOHN COMMERCE, Division of ICECORP Logistics Inc.

TORONTO, Head Office MTCC, North Building MTCC, South Building **MONTREAL CALGARY** VANCOUVER 2116 - 27<sup>TH</sup> Ave. N.E., 1600 Courtneypark Dr. E 255 Front St. W. 222 Bremner Blvd., 276 Rue St. Jacques, 608 Annance Court, Mississauga, ON Toronto, ON Room 825B Suite 818, Suite 325 Unit 3 L5T 2W8 M5V 2W6 Toronto, ON Montreal, QC Calgary, AB Delta, BC T: 416.863.9339 V3M 6Y8 T: 905.673.5445 M5V 3L9 H2Y 2G4 T2E 7A6 F: 905.673.2574 F: 416.863.5149 T: 416.863.9339 T: 514.987.2700 T: 403.291.1694 T: 604.687.5535 Payment Fax (Credit Payment Fax (Credit F: 416.591.8589 F: 514.849.3446 F: 403.291.7028 F: 604.687.1463 Payment Fax (Credit Payment Fax (Credit Payment Fax (Credit Payment Fax (Credit Card Secure): Card Secure): 1.855.762.1145 416.863.0301 Card Secure): Card Secure): Card Secure): Card Secure): 416.863.0301 514.396.5547 1.855.762.1145 1.855.762.1145



#### Agence des services frontaliers du Canada

# CANADA CUSTOMS INVOICE FACTURE DES DOUANES CANADIENNES

PROTECTED PROTEGÉ	В	when completed une fois rempli
	Page	_

					of de
Vendor (name and address) - Vendeur (nom et adresse)		Dat Dat	e of direct shipment	to Canada - Date d'expédition direct	
		T			
				le purchaser's order No.) re le n° de commande de l'acheteur)	)
Consignee (name and address) - Destinataire (nom et adresse)				address (if other than consignee)	<u>\</u>
	$\mathcal{L}$		i et auresse de racii	leteur (sir differe du destiffataire)	
		6. Cou	intry of transhipment	- Pays de transbordement	
		7 . Co.	untur of origin of soci	Je Shidwent incline	DES GOODS OF DIFFERENT ORIGINS
			intry of origin of good s d'origine des marc	handises I I SITEM ORIGINS AGA	AINST ITEMS IN 12. MPREND DES MARCHANDISES D'ORIGINES CISEZ LEUR PROVENANCE EN 12.
Transportation: Give mode and place of direct shipment to Canada     Transport: Précisez mode et point d'expédition directe vers le Canada			ditions of sale and to		
		Cor	ditions de vente et n	nodalités de paiement en consignation, location de marcha	andises, etc.)
		10. Cur	rency of settlement -	Devises du paiement	
11. 12. Specification of commodities (kind of packages, marks and n	umbers, general		13. Qua	ntity Selling	g price - Prix de vente
Number of description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numér	os, description générale		(state Qua	e unit) 14. Unit price	15. Total
Nombre de colis et caractéristiques, p. ex. classe, qualité)			(précise:	z l'unité)	
18. If any of fields 1 to 17 are included on an attached commercial invoice, che	eck this box	_	16	al weight - Poids total	17. Invoice total
Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des commerciales ci-attachées, cochez cette case			Net	Gross - Brut	Total de la facture
Commercial Invoice No N° de la facture commerciale		<u>_ ha o-i-</u>	:		
Exporter's name and address (if other than vendor)     Nom et adresse de l'exportateur (s'il diffère du vendeur)	( <u>C</u>	Pro. Orig	inator (name and ad	ldress) - Expéd <del>licur a'</del> origine (nom e	it adressey
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		22. If fie	lds 23 to 25 are not	applicable, check this box	
	Total (1			nt sans objet, cochez cette case	
If included in field 17 indicate amount:     Si compris dans le total à la zone 17, précisez :	24. If not included in field 17 Si non compris dans le t			25. Check (if applicable): Cochez (s'il y a lieu) :	
(i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances	(i) Transportation charg to the place of direct Les frais de transpor	t shipment to	Canada	(i) Royalty payments or sub paid or payable by the pu Des redevances ou prod	urchaser
à partir du point d'expédition directe vers le Canada	jusqu'au point d'expé	édition direc	te vers le Canada	versés par l'acheteur	uns ont ete ou seront
(ii) Costs for construction, erection and assembly (ii) Amounts for comm		ssions other	than buying		
incurred after importation into Canada commissions		ıtres que ce	es que celles versées  (ii) The purchaser has supplied goods or services for use in the production of these goods		
gproc important at Junatu	F 301 1 001/01			L'acheteur a fourni des n services pour la producti	narchandises ou des
(iii) Export packing	(iii) Export packing			marchandises	
` ´Le coût de l'emballage d'exportation	Le coût de l'emballaç	ge d'exporta	ation		
Doos on formulaire, to the l	s expressions désignant des p	nereonnes :	icant à la fais las ha	mmas at las formos	
Dans de ionnuaire, toutes le	a expressions designant des p	personnes v	100111 a 1a 1015 1 <del>0</del> 5 1101	וווווסט כנ וכט וכוווווולט.	

Agence des services frontaliers du Canada

# CANADA CUSTOMS INVOICE FACTURE DES DOUANES CANADIENNES

PROTECTED PROTÉGÉ	В	when completed une fois rempli

						1 of de 1	
1. Vendor	(name and address) - Vendeur (nom et adresse)	2.	Date of di	irect shipment to Canada - Da	te d'expédition directe ve	ers le Canada	
ABC Distributing Company			4/3/2007				
125 Elm Street							
Chicago, IL			<ol> <li>Other references (include purchaser's order No.)</li> <li>Autres références (inclure le n° de commande de l'acheteur)</li> </ol>				
66666-6	666	10	10-9999999				
4. Consign	nee (name and address) - Destinataire (nom et adresse)	5.		er's name and address (if other			
ABC Dis	tributing Company / Booth 234		Nom et a	dresse de l'acheteur (s'il diffèr	e du destinataire)		
	ional Computing Event	N	No sale ir	nvolved			
c/o Even	t Facility						
	where Street						
Toronto,		6.	Country of transhipment - Pays de transbordement				
M7W 2P	0	١	N/A				
		7.	Country of	of origin of goods	IF SHIPMENT INCLUDES G	GOODS OF DIFFERENT ORIGINS	
				igine des marchandises ious - See Below	SI L'EXPÉDITION COMPRE DIFFÉRENTES, PRÉCISEZ	ITEMS IN 12. END DES MARCHANDISES D'ORIGINES LEUR PROVENANCE EN 12.	
	ortation: Give mode and place of direct shipment to Canada ort : Précisez mode et point d'expédition directe vers le Canada	9.		s of sale and terms of paymer consignment shipment, lease			
Mandala	sohn Commerce, Chicago, IL			s de vente et modalités de pa nte, expédition en consignatio		ises, etc.)	
Menueis	sonn commerce, chicago, 1L		No sale ir		,	,	
				of settlement - Devises du pa	ement		
			JSD				
11.	12. Specification of commodities (kind of packages, marks and numbers, g	general		13. Quantity	Selling pri	ice - Prix de vente	
Number of packages	description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, descri	iption générale		(state unit) Quantité	14. Unit price Prix unitaire	15. Total	
Nombre de colis	et caractéristiques, p. ex. classe, qualité)			(précisez l'unité)	Fitx utilitalite		
2 pcs	Wooden Crates - Display Booth (backwalls, lights, gra	phics carpets) - U	5A	1	\$5,000.00	\$5,000.00	
- 700		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			40,000.00	40,000.00	
2 pcs	Cartons - Advertising Brochures / Catalogs / Technic	al Literature - US	A	1000	\$0.10	\$100.00	
·							
1 pc	Carton - Plastic Key Chains - CHINA			50	\$0.50	\$25.00	
1 pc	Carton - Books - USA			50	\$1.00	\$50.00	
3 pcs	Cases - Computers - CHINA			3	\$1,000.00	\$3,000.00	
2 pcs	Cases - Computer Monitors - JAPAN fields 1 to 17 are included on an attached commercial invoice, check this bo	OV.		2 16. Total weight - Poid	\$500.00	\$1,000.00 17. Invoice total	
Si tout re	enseignement relativement aux zones 1 à 17 figure sur une ou des factures			Total weight - Poid  Net	Gross - Brut	Total de la facture	
	ciales ci-attachées, cochez cette case rcial Invoice No N° de la facture commerciale			N/A	300 lbs	\$9,175.00	
	r's name and address (if other than vendor)	20	. Originator	r (name and address) - Expéd	teur d'origine (nom et ad	lresse)	
Nom et	adresse de l'exportateur (s'il diffère du vendeur)	A	ABC Distributing Company				
			125 Elm Street				
		C	hicago, I	IL 66666-6666			
21 Amanau	willing (if analizable). Désiring de ll'Arange (all un lieu)	22					
21. Agency	ruling (if applicable) - Décision de l'Agence (s'il y a lieu)	22	If fields 23	3 to 25 are not applicable, che les 23 à 25 sont sans objet, co		$\boxtimes$	
23. If include	ed in field 17 indicate amount: 24. If no	ot included in field 17 indic			(if applicable):		
Si compris dans le total à la zone 17, précisez : Si non compris dans le total					(s'il y a lieu) :		
(i) Transportation charges, expenses and insurance (i) Transportation charges from the place of direct shipment to Canada to the place of direct sh			shipment to Canada paid or payable by the purchaser				
į	Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada	Les frais de transport, dép jusqu'au point d'expédition	enses et as i directe ver	rs le Canada vers	és par l'acheteur	ont ete ou seront	
(ii) Costs for construction, erection and assembly incurred after importation into Can da (ii) Amounts for commissions			other than I	buying A			
Les coûts de construction, d'érectin et des d'assemblage après importation a Canada des					goods or services hese goods		
		<u> </u>	JL		i s pour la production d	nandises ou des le ces	
(iii) Export packing (iii) Export packing				mar	chandises		
Le coût de l'emballage d'exportation  (iii) Export packing Le coût de l'emballage			e d'exportation				
					<u>—</u>		
	Dans ce formulaire, toutes les express	sions désignant des person	nes visent a	à la fois les hommes et les fer	nmes.		