

ADVANCED MANUFACTURING CANADA

Toronto Congress Centre November 2 & 3, 2016



Customs Clearance & Transportation Services

TWI Group Inc. has been appointed by SME as the Official Customs Broker & Transportation Provider for all shipments originating outside of Canada. Using the official broker will eliminate the possibility of materials being held at the border by Canada Border Services Agency (Canada Customs) due to improper or insufficient documentation resulting in these same materials arriving too late or not at all. We will assist all Exhibitors with their temporary imports, permanent entries & export of Exhibit Materials.

Please Note: Exhibitors using their own broker will have to arrange their own bond or cash deposit with Canada Customs at the point of entry into Canada.

TWI Group Inc. will provide the following services:

- Provide on-site service from the first move-in day to the last move-out day
- Post all securities and bonds with Canadian Border Services Agency
- Prepare the proper Customs entries to account for any sales you may make & remit the payments to Customs
- Prepare outbound export documents, bills of lading and provide US Customs
 Clearance when required as well as providing shipping labels

For more information, please contact:

Pat D'Alessandro

Phone: 905.812.1124 ext. 6410

Mobile: 416.726.7229

Email: orders@twigroup.com

Zaza Vili

Phone: 905.812.1124 ext. 6408

Mobile: 416.998.9398

Email: orders@twigroup.com

Shannon Trotter

Phone: 905.812.1124 ext. 6401

Mobile: 647.282.6794

Email: orders@twigroup.com



Form Checklist

Ш	Customs & Transportation Services Order Form (Mandatory)
	 Please ensure that all fields, including credit card information are completed. Note: IRS# (U.S. Tax ID, or E.I.N.) is required if goods will be returning to the USA.
	 Canada Customs Invoice / Commercial Invoice (Mandatory) Complete all required information per example provided. All invoices MUST include detailed descriptions (easily identifiable by Canada Customs), countries of origin, and values for all items in the shipment. For shipments that include electronics, please also provide the brand name and model # for each item in the description.
	 Advanced Warehouse Order Form Required for any shipments that will be arriving at the advanced warehouse prior to the event move-in. Please ensure that all fields, including credit card information and carrier/shipment information are completed. Please note the advanced warehouse will be receiving freight from Oct 3rd, 2016 - Oct 28, 2016.
	Certificate of Registration (CF4455) - Required for all shipments from the USA.
	Statement Regarding the Importation of Radio Frequency Devices Capable of Causing Harmful Interference (FCC Form 740) - Required for electronic commodities; one form for each model #.
	Declaration for Imported Electronic Products Subject to Radiation Control Standards (FDA Form 2877) - Required for electronic commodities; one form for each model #.
*NC	OTE: All forms must be completed and returned to TWI Group Inc. for review, prior to shipping.

T 905.812.1124 F 905.812.0133 <u>www.twigroup.com</u>



Shipping Checklist

**PRIVATE VEHICLE & AIRLINE HAND BAGGAGE:

If you intend to bring your goods across the border in a private (personal, company, or rental) vehicle, or carry them as baggage on an airline, there are documents that must accompany the individual carrying the materials. Please contact TWI Group Inc. at least 1 week in advance of your expected crossing.

Complete required forms above & send them to TWI Group Inc. via e-mail or fax.
 Schedule your pick-up (if not arranging transportation through TWI Group Inc.). We strongly suggest that exhibitors DO NOT ship by parcel courier, or by mail. Please contact TWI Group Inc. for advice on how best to handle these types of shipments. Goods being shipped need to abide by the following timelines:
 TRUCK / COMMON CARRIER: schedule to arrive 1 week prior to show opening. AIRFREIGHT: schedule to arrive 3 days (minimum) prior to show opening. VAN LINE: shipments may be sent direct to show site and should be scheduled for delivery on the appropriate move-in day.
 All shipments <u>MUST BE SENT PREPAID</u>. TWI Group Inc. will not accept any collect freight charges. Shipments sent collect will be refused.
 Label your freight. All pieces must be labelled clearly; showing the address where the freight is going, piece # and total # of pieces (e.g. piece 1 of 3), emergency contact information, and "NOTIFY TWI GROUP INC. FOR CUSTOMS CLEARANCE". For freight on skids/pallets, if possible, we recommend that a label be placed on each individual carton, case, etc. and that any large pieces have labels placed on multiple sides. Ensure that any previous shipping labels (used for past shipments) have been removed / destroyed.
 Ship your goods, ensuring that the appropriate documents have been provided. The Bill of Lading or Air Waybill, all Customs documents, and labels must be marked "NOTIFY TWI GROUP INC. FOR CUSTOMS CLEARANCE". If shipping out of the USA, the body of the Bill of Lading or Air Waybill must also be marked "CERTIFICATE OF REGISTRATION (CF4455) ATTACHED. GOODS MUST BE PRESENTED TO U.S. CUSTOMS PRIOR TO EXPORT FROM THE USA. STAMPED COPIES MUST BE PROVIDED TO TWI GROUP INC. (FAX: 905-812-0133), AND TURNED OVER ON DELIVERY." 3 completed copies of the Canada Customs Invoice must be attached to the Bill of Lading or Air Waybill. If shipping out of the USA, 3 copies of the Certificate of Registration (CF4455) must be attached to the Bill of Lading or Air Waybill.
On show site: - The show site has been declared a bonded area for the entire event. Under NO circumstances are any goods to be removed without prior consent of TWI Group Inc. - TWI Group Inc. can provide the following services: - Return of goods to your stated destination - Supply required shipping documents, export documents, and labels - Arrange Customs clearance of any goods remaining in Canada; applicable duties and taxes must be paid prior to removal from the show site. - Arrange transfer of goods to be displayed at another event in Canada - NOTE: TWI Group Inc. is not responsible for lost, stolen, or damaged freight. All goods

T 905.812.1124 F 905.812.0133 www.twigroup.com

should be insured for the entire duration of the event; prior to, during, and after.

Customs & Transportation Services Order Form

Please accept this as authority for TWI Exhibition Logistics, Inc. a division of TWI Group, Inc., located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7; business number 129144481RM0001, 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 TWI Group, Inc. Standard Trading Conditions, including but not limited to:



Delivering First Class Service Every Time

- 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.

John Smith

Signature:

Title:

Date:

Name: JOHN SMITH

OCT. 12, 2015

In signing this form, I grant TWI Exhibition Logistics, Inc., a division of TWI Group, Inc., 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.

Ch.	Continuous A		A//E\ /E\ IT	. VOLLADE	ATTENDING		Ch au/E	rant Datas:	DATES THE SHOW/EVEN	IT IO DEINIO LIEI	5
		Name: NAME OF THE SHON quired (please check one):	W/EVENT	YOU ARE	ATTENDING		Show/E	ent Dates:	DATES THE SHOW/EVER	II IS BEING HEI	ע_
		Clearance and Transportat	ion	☐ Cu	stoms Cleara	nce On	ly		☐ Transportation Only		
	Company	Name: ABC COMPANY					Company	/ Name: ABC	COMPANY	Booth #:	1001
	IRS #: 12	-3456789					Facility N	ame: SHOW	/EVENT VENUE NAME		
<u>.</u>	Address:	123 SOMEPLACE AVENUE				3	Address:	VENUE ADD	RESS		
≟		SUITE 3									
Shipper Info.							Address:				
igi	City: NEV	V YORK State/Prov:	NY	Zip/Po	st: 10093	==	City: TOF	RONTO	State/Prov: ON	Zip/Post: Mo	0X 0X0
Sh	Contact N	lame: JOHN SMITH		Tel: 55	5-555-0000		On-site C	Contact: JANE	DOE	Cell: 555-55	5-0002
	E-mail: J	SMITH@ABCCOMPANY.COM	1	Fax:55	5-555-0001		E-mail: J	DOE@ABCC	OMPANY.COM		
				⊠ Sam	e as Shipper	1				➤ Same as	s Shipper
ō.	Company	Name: ABC COMPANY			.с ас сррс.	1	Company	/ Name: ABO	COMPANY	Gaine an	o opp o.
Return Freight Info.	IRS #: 12								ole): 123456789RM0001		
돭		123 SOMEPLACE AVENUE							ACE AVENUE		
eiç	71001000.	SUITE 3					7 taareee:	SUITE 3	7.027.7.2.1.02		
Ē.											
틸	City: NEW	V YORK State/Prov:	NY	Zin/Po	st: 10093	<u>.</u>	City: NE	N YORK	State/Prov: NY	Zip/Post: 10	093
etr		lame: JOHN SMITH			5-555-0000	1		Name: JOHN		Tel: 555-55	
~		SMITH@ABCCOMPANY.COM	1		5-555-0001	1			COMPANY.COM	Fax: 555-55	
			Terms	s of Payn	nent and Sec	urity D	eposit – MU	ST BE COM	PLETED		
to.	Charge to	o: Visa		MasterC	ard	⋈ Am	nerican Expre	ess			
Payment Info.	Cardholde	er Name: JOHN SMITH					Title: CEO				
en	Credit Card Number: 1234 5678 9123 4567										
Ę	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).										
Pa	COLUMN TO THE CO										
	Cardbalda	er Signature: John	SI	nith			Date: DD/M	IM/YYYY			
	Carundiu	el Signature.	-	nui			Date. DD/N	IIVI/ T T T T			
		ame (if not using TWI): NAM				YNA	Carrier Cont	act Name: т	RANSPORATION COMPA	NY CONTACT P	PERSON
	Carrier Co	ontact Tel: TRANSPORTATI	ON COMP	PANY TEL	EPHONE #		Carrier Cont	act E-mail: 1	RANSPORTATION COMP	ANY E-MAIL AD	DRESS
		ate: DATE TRANSPORTATION							JRS THAT YOUR COMPA		
	Delivery L	Date: DATE THAT THE FREI	GHT NEE	DS TO BE	DELIVERED		Delivery Tim	e/Window:	MUST BE DELIVERED BE	TWEEN (TIME	S)
	# of	Type of Pieces									
	Pieces	(Box/Crate/Skid, etc.)	ŀ			Leng	gth Width	Height		Per Piece	Total
o i	2	BOXES	_		Inches) Each	23	3 23	48	@ Weight (lbs) Each	56	112
Ě	1	SKID			Inches) Each	48	3 48	48	@ Weight (lbs) Each	400	400
Ħ					Inches) Each				@ Weight (lbs) Each		
me			_	_	Inches) Each				@ Weight (lbs) Each		
Shipment Info.			@ Dim	ensions (Inches) Each				@ Weight (lbs) Each		
S	3	Total								otal Weight:	512
	Requeste	d Service Level:	Air		2 nd Day 🗵	Truck	☐ Oth	er:			
	Additional Services Required: 🗵 Lift Gate 🗌 Inside Pick Up/Delivery 🗎 Weekend Pick Up/Delivery							ekend Pick L	Jp/Delivery		
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
		surance / Declared Value									
	Cargo Ins	surance / Declared Value ent is covered under basic carrier									
	Cargo Ins	surance / Declared Value ent is covered under basic carrier nultiplied by the number of pound	ls for that p	art of the s	hipment lost or da	amaged,	but not less tha	n \$50.00 per sh	ipment UNLESS additional (argo Insurance ha	as been
	Cargo Ins	surance / Declared Value ent is covered under basic carrier	ls for that p	art of the s	hipment lost or da	amaged,	but not less tha	n \$50.00 per sh	ipment UNLESS additional (argo Insurance ha	as been
To	Cargo Ins This shipme per pound m arranged with Insurance.	surance / Declared Value ent is covered under basic carrier nultiplied by the number of pound th TWI Group, Inc. Subject to the	ls for that p	art of the s	hipment lost or da	amaged,	but not less tha	n \$50.00 per sh	ipment UNLESS additional (argo Insurance ha	as been
	Cargo Ins This shipme per pound m arranged wi Insurance.	surance / Declared Value ent is covered under basic carrier nultiplied by the number of pound th TWI Group, Inc. Subject to the	ls for that p terms and	part of the s	hipment lost or da of liability for loss	amaged, s/damage	but not less tha e, stated below.	n \$50.00 per sh Please contac	ipment ÜNLESS additional (TWI Group, Inc. for more in	argo Insurance ha ormation on Cargo	as been O
Thi	Cargo Ins This shipme per pound m arranged wi Insurance. rms & Con s order is place	surance / Declared Value ent is covered under basic carrier nultiplied by the number of pound th TWI Group, Inc. Subject to the	ls for that p terms and	part of the sill conditions	hipment lost or do of liability for loss	amaged, s/damage	but not less that e, stated below.	n \$50.00 per sh Please contac	ipment UNLESS additional (TWI Group, Inc. for more in	argo Insurance ha ormation on Cargo merchandise and	property,
This	Cargo Ins This shipme per pound in arranged wi Insurance. rms & Con s order is place matter how ca concealed dan	surance / Declared Value ent is covered under basic carrier nultiplied by the number of pound th TWI Group, Inc. Subject to the additions end with the specific understandin aused, and we have insured all su nage. 2) TWI Group, Inc. will no	ls for that posterior and ag that we have be responsible.	hereby releaties being h	hipment lost or day of liability for loss ase TWI Group, I andled; 1) TWI G ny loss/damage/d	amaged, s/damage nc. and/c roup, Inc elay due	but not less that e, stated below. or agents from a c. shall not be received for each of general state.	n \$50.00 per sh Please contac Il liability for los sponsible for da lod, strikes, local	ipment UNLESS additional C TWI Group, Inc. for more in s, damage and/or theft to our amage to uncrated materials, c outs of any kind beyond its	merchandise and improperly packageontrol. 3) TWI G	property, ged goods froup, Inc.
This no or o	Cargo Ins This shipme per pound n arranged wi Insurance. rms & Con matter how ca concealed dan ility is outlined	surance / Declared Value ent is covered under basic carrier multiplied by the number of pound th TWI Group, Inc. Subject to the additions and with the specific understandin aused, and we have insured all su	ds for that per terms and ag that we have propert to be responded to the control of the control	hereby releaties being h	hipment lost or day of liability for loss ase TWI Group, I andled; 1) TWI G ny loss/damage/d on. We are self-ir	amaged, s/damage nc. and/o roup, Inc elay due isured, oi	but not less that e, stated below. or agents from a c. shall not be rete to fire, acts of gr have made off	n \$50.00 per sh Please contac Il liability for los sponsible for da lod, strikes, loclaer appropriate	ipment UNLESS additional C TWI Group, Inc. for more in s, damage and/or theft to ou amage to uncrated materials, c outs of any kind beyond its insurance arrangements and	merchandise and improperly packagontrol. 3) TWI 6 paid applicable ch	property, ged goods froup, Inc. harges. 4)
This no i or o liab TW	This shipme per pound n arranged wi Insurance. This & Con sorder is place matter how care concealed mility is outlined I Group, Inc. s	surance / Declared Value ent is covered under basic carrier nultiplied by the number of pound th TWI Group, Inc. Subject to the additions sed with the specific understandin aused, and we have insured all su mage. 2) TWI Group, Inc. will no d in the above Cargo Insurance /	ls for that peterms and terms and terms and terms and terms and terms are the terms ar	hereby releaties being hasible for an /alue section for the actu	hipment lost or do of liability for loss ase TWI Group, I andled; 1) TWI G up, Ioss/damage/d nr. We are self-ir ial, potential or as	amaged, s/damage s/damage anc. and/o roup, Inc elay due asured, or ssumed lo	but not less that e, stated below. or agents from a c. shall not be re to fire, acts of ger have made off osses or profits	n \$50.00 per sh Please contace Il liability for los sponsible for da jod, strikes, loci ler appropriate or revenues, or	ipment UNLESS additional C TWI Group, Inc. for more in s, damage and/or theft to our amage to uncrated materials, c outs of any kind beyond its insurance arrangements and for any collateral costs which	merchandise and improperly packagontrol. 3) TWI 6 paid applicable ch	property, ged goods froup, Inc. harges. 4)
This no or o liab TW dan	This shipme per pound n arranged wi Insurance. This & Con sorder is place matter how care concealed mility is outlined I Group, Inc. s	surance / Declared Value ent is covered under basic carrier nultiplied by the number of pound th TWI Group, Inc. Subject to the ditions end with the specific understandin sused, and we have insured all su nage. 2) TWI Group, Inc. will no d in the above Cargo Insurance / shall not be liable to any extent w rials. 5) All hazardous materials	ls for that peterms and terms and terms and terms and terms and terms are the terms ar	hereby releaties being hasible for an /alue section for the actu	hipment lost or do of liability for loss ase TWI Group, I andled; 1) TWI G up, Ioss/damage/d nr. We are self-ir ial, potential or as	amaged, s/damage nc. and/o roup, Inc elay due isured, or ssumed lo	but not less that e, stated below. or agents from a c. shall not be re to fire, acts of ger have made off osses or profits	n \$50.00 per sh Please contact Il liability for los sponsible for da jod, strikes, locler appropriate or revenues, or ate and Local la	ipment UNLESS additional C TWI Group, Inc. for more in s, damage and/or theft to ou amage to uncrated materials, c outs of any kind beyond its insurance arrangements and for any collateral costs which	merchandise and improperly packagontrol. 3) TWI 6 paid applicable ch	property, ged goods froup, Inc. harges. 4)

Signature:

Name:

Title:

Date:

Customs & Transportation Services Order Form

Please accept this as authority for TWI Exhibition Logistics, Inc. a division of TWI Group, Inc., located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7; business number 129144481RM0001, 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 TWI Group, 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.

2.

In signing this form, I grant TWI Exhibition Logistics, Inc., a division of TWI Group, Inc., 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

Customs Clearance and Transportation Customs Clearance Only Transportation Only Company Name: IRS #: Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-mail: Fax: Customs Clearance Only Transportation Only Company Name: Booth #: Facility Name: Address: City: State/Prov: Zip/Post: On-site Contact: Cell: E-mail:	Booth #: tate/Prov: Zip/Post: Cell: Same as Shipper tate/Prov: Zip/Post: Tel: Fax:									
IRS #: Address: City: State/Prov: Zip/Post: Contact Name: Fax:	tate/Prov: Zip/Post: Cell: Same as Shipper tate/Prov: Zip/Post: Tel: Fax:	Se								
Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-mail: Fax: Same as Shipper	Cell: Same as Shipper Itate/Prov: Zip/Post: Tel: Fax:									
City: State/Prov: Zip/Post: Contact Name: Tel: E-mail: Fax: Same as Shipper	Cell: Same as Shipper Itate/Prov: Zip/Post: Tel: Fax:									
City: State/Prov: Zip/Post: Contact Name: Tel: E-mail: Fax: Same as Shipper	tate/Prov: Zip/Post: Tel: Fax:	o								
E-mail: Same as Shipper	Cell: Same as Shipper Itate/Prov: Zip/Post: Tel: Fax:	Inf								
E-mail: Same as Shipper	Cell: Same as Shipper Itate/Prov: Zip/Post: Tel: Fax:	er								
E-mail: Same as Shipper	Same as Shipper tate/Prov: Zip/Post: Tel: Fax:	jdi								
Same as Shipper Company Name: IRS #: Importer # (if applicable): Address: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: Fax: E-mail: E-mail: Fax: E-mail: Fax: E-mail: Fax: E-mail: E-mail: Fax: E-mail: E-mai	tate/Prov: Zip/Post: Tel: Fax:	Sh								
Company Name: IRS #: Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	tate/Prov: Zip/Post: Tel: Fax:									
Company Name: IRS #: Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	tate/Prov: Zip/Post: Tel: Fax:									
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	fo.								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	ı In								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	ght								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	rei								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	пF								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Fax:	ţr								
Terms of Payment and Security Deposit – MUST BE COMPLETED		Re								
	TED									
Charge to:										
Cardholder Name: Credit Card Number: Expiry Date: 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		ę.								
Credit Card Number: Expiry Date: 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 \$50.000).		t In								
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		neu								
	Payr									
Cardholder Signature: Date:										
Carrier Name (if not using TWI): Carrier Contact Name:										
Carrier Contact Tel: Carrier Contact E-mail:										
Carrier Contact Tel: Carrier Contact E-mail: Pick-up Date: Hours of Operation:										
Pick-up Date: Hours of Operation:										
Pick-up Date: Delivery Date: Delivery Time/Window: # of Type of Pieces Pieces (Box/Crate/Skid, etc.) Hours of Operation: Delivery Time/Window: Length Width Height Per Piece	Per Piece Total	o.								
Pick-up Date: Delivery Date: Delivery Date: Delivery Time/Window: # of Type of Pieces Pieces (Box/Crate/Skid, etc.) # Dimensions (Inches) Each # Of Dimensions (Inches) Each # Of Weight (Ibs) Each	Weight (lbs) Each	Inf								
Pick-up Date: Delivery Date: Delivery Date: Delivery Time/Window: # of Type of Pieces Pieces (Box/Crate/Skid, etc.) # Dimensions (Inches) Each # Of Dimensions (Inches) Each # Of Weight (Ibs) Each	Weight (lbs) Each Weight (lbs) Each	int								
Pick-up Date: Delivery Date: Delivery Date: Delivery Time/Window: # of Type of Pieces Pieces (Box/Crate/Skid, etc.) # Dimensions (Inches) Each # Of Dimensions (Inches) Each # Of Weight (Ibs) Each	Weight (lbs) Each Weight (lbs) Each Weight (lbs) Each	me								
Pick-up Date: Delivery Date: # of Type of Pieces Pieces (Box/Crate/Skid, etc.) Piok-up Date: Delivery Time/Window: Length Width Height Per Piece	Weight (lbs) Each Weight (lbs) Each Weight (lbs) Each Weight (lbs) Each	hip								
Pick-up Date: Delivery Date: Delivery Date: Delivery Time/Window: # of Type of Pieces Pieces (Box/Crate/Skid, etc.) # Dimensions (Inches) Each # Of Dimensions (Inches) Each # Of Weight (Ibs) Each	Weight (lbs) Each	S								
Pick-up Date: Delivery Date: Delivery Time/Window: # of Pieces (Box/Crate/Skid, etc.) © Dimensions (Inches) Each	Weight (lbs) Each Weight (lbs) Each Weight (lbs) Each Weight (lbs) Each									
Pick-up Date:	Weight (lbs) Each Total Weight:									
Pick-up Date: Delivery Date: Delivery Time/Window: # of Pieces (Box/Crate/Skid, etc.) © Dimensions (Inches) Each	Weight (lbs) Each Total Weight:									
Pick-up Date:	Weight (Ibs) Each Total Weight:									
Pick-up Date: Delivery Date: Delivery Time/Window: # of Pieces (Box/Crate/Skid, etc.) @ Dimensions (Inches) Each @ Weight (Ibs) Each ###################################	Weight (Ibs) Each Total Weight: Belivery									
Pick-up Date:	Weight (lbs) Each Total Weight: welivery shipment) is agreed to and understood to be \$0.50 ent UNLESS additional Cargo Insurance has been									
Pick-up Date: Delivery Date: Delivery Time/Window: # of Type of Pieces (Box/Crate/Skid, etc.) @ Dimensions (Inches) Each @ Weight (Ibs) Each @ Weight (Ibs) Each @ Dimensions (Inches) Each @ Weight (Ibs) Each @ Weight (Ibs) Each @ Dimensions (Inches) Each @ Weight (Ibs) Each @ Weight (Ibs) Each @ Dimensions (Inches) Each @ Weight (Ibs) Each @ Weight (Ibs) Each @ Dimensions (Inches) Each @ Weight (Ibs) Each @ Weight (Ibs) Each @ Dimensions (Inches) Each @ Weight (Ibs) Each @ Weight (Ibs) Each @ Weight (Ibs) Each @ Dimensions (Inches) Each @ Weight (Ibs) Each @	Weight (lbs) Each Total Weight: welivery shipment) is agreed to and understood to be \$0.50 ent UNLESS additional Cargo Insurance has been	Τo								
Pick-up Date: Delivery Date: Delivery Time/Window: # of Pieces (Box/Crate/Skid, etc.) # of Dimensions (Inches) Each	Weight (lbs) Each Total Weight: welivery shipment) is agreed to and understood to be \$0.50 ent UNLESS additional Cargo Insurance has been	16								
Pick-up Date: Delivery Date: Delivery Time/Window: # of Type of Pieces (Box/Crate/Skid, etc.) # of Dimensions (Inches) Each	Weight (Ibs) Each Total Weight: welivery shipment) is agreed to and understood to be \$0.50 ent UNLESS additional Cargo Insurance has been I Group, Inc. for more information on Cargo mage and/or theft to our merchandise and property,	Thi								
Pick-up Date: Delivery Date: Delivery Time/Window: # of Pieces (Box/Crate/Skid, etc.) @ Dimensions (Inches) Each	Weight (lbs) Each Total Weight: Pelivery Shipment) is agreed to and understood to be \$0.50 and UNLESS additional Cargo Insurance has been I Group, Inc. for more information on Cargo mage and/or theft to our merchandise and property, the to uncrated materials, improperly packaged goods	Thi:								
Pick-up Date: Delivery Time/Window: # of Pieces (Box/Crate/Skid, etc.) # of Pieces (Box/Crate/Skid, etc.) # of Dimensions (Inches) Each	Weight (Ibs) Each Total Weight: Elivery Shipment) is agreed to and understood to be \$0.50 Int UNLESS additional Cargo Insurance has been Group, Inc. for more information on Cargo mage and/or theft to our merchandise and property, the to uncrated materials, improperty packaged goods so of any kind beyond its control. 3) TWI Group, Inc. ance arrangements and paid applicable charges. 4)	This no i or o								
Pick-up Date: Delivery Date: Delivery Date: Delivery Time/Window: # of Pieces (Box/Crate/Skid, etc.) # of Dimensions (Inches) Each	Weight (Ibs) Each Total Weight: Elivery Shipment) is agreed to and understood to be \$0.50 Int UNLESS additional Cargo Insurance has been Group, Inc. for more information on Cargo mage and/or theft to our merchandise and property, the to uncrated materials, improperty packaged goods so of any kind beyond its control. 3) TWI Group, Inc. ance arrangements and paid applicable charges. 4)	This no so or o liab TW								
Pick-up Date: Delivery Time/Window: # of Type of Pieces (Box/Crate/Skid, etc.) # of Delivery Date: Delivery Time/Window: # of Type of Pieces (Box/Crate/Skid, etc.) # of Dimensions (Inches) Each	Weight (lbs) Each Total Weight: weight (lbs) Each Total Weight: elivery shipment) is agreed to and understood to be \$0.50 and UNLESS additional Cargo Insurance has been Group, Inc. for more information on Cargo mage and/or theft to our merchandise and property, the to uncrated materials, improperty packaged goods so of any kind beyond its control. 3) TWI Group, Inc. ance arrangements and paid applicable charges. 4) any collateral costs which may result from any loss or	This no do or do liab TW dan								
Pick-up Date: Delivery Date: Delivery Date: Delivery Date: Delivery Date: Delivery Time/Window: # of Pieces (Box/Crate/Skid, etc.) # of Operation: Delivery Time/Window: # of Pieces (Box/Crate/Skid, etc.) # of Dimensions (Inches) Each	Weight (lbs) Each Total Weight: weight (lbs) Each Total Weight: elivery shipment) is agreed to and understood to be \$0.50 and UNLESS additional Cargo Insurance has been Group, Inc. for more information on Cargo mage and/or theft to our merchandise and property, the to uncrated materials, improperty packaged goods so of any kind beyond its control. 3) TWI Group, Inc. ance arrangements and paid applicable charges. 4) any collateral costs which may result from any loss or	This no is or of liab TW dan								
Pick-up Date: Delivery Date: Delivery Date: Delivery Date: Delivery Time/Window: # of Type of Pieces (Box/Crate/Skid, etc.) @ Dimensions (Inches) Each	Weight (lbs) Each Total Weight: weight (lbs) Each Total Weight: elivery shipment) is agreed to and understood to be \$0.50 and UNLESS additional Cargo Insurance has been Group, Inc. for more information on Cargo mage and/or theft to our merchandise and property, the to uncrated materials, improperty packaged goods so of any kind beyond its control. 3) TWI Group, Inc. ance arrangements and paid applicable charges. 4) any collateral costs which may result from any loss or	This no is or of liab TW dan								
Pick-up Date: Delivery Date: Delivery Time/Window: # of Type of Pieces (Box/Crate/Skid, etc.) @ Dimensions (Inches) Each @ Weight (Ibs) Each @ Weight (I	Weight (lbs) Each Total Weight: weight (lbs) Each Total Weight: elivery shipment) is agreed to and understood to be \$0.50 ent UNLESS additional Cargo Insurance has been Group, Inc. for more information on Cargo mage and/or theft to our merchandise and property, the to uncrated materials, improperty packaged goods to fany kind beyond its control. 3) TWI Group, Inc. ance arrangements and paid applicable charges. 4) any collateral costs which may result from any loss or	This no liab TW dan								
Pick-up Date: Delivery Date: Delivery Date: Delivery Date: Delivery Date: Delivery Date: Delivery Time/Window: # of Type of Pieces Box/Crate/Skid, etc.)	Weight (lbs) Each Total Weight: weight (lbs) Each Total Weight: elivery shipment) is agreed to and understood to be \$0.50 and UNLESS additional Cargo Insurance has been Group, Inc. for more information on Cargo mage and/or theft to our merchandise and property, the to uncrated materials, improperty packaged goods so of any kind beyond its control. 3) TWI Group, Inc. ance arrangements and paid applicable charges. 4) any collateral costs which may result from any loss or	This no control liab TW dan								
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		men								
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		ent								
Credit Card Number: Expiry Date: 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										
Credit Card Number: Expiry Date: 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)		Info								
Cardholder Name: Credit Card Number: 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 \$50.000).		fo.								
Charge to:										
	TED									
Terms of Payment and Security Deposit – MUST BE COMPLETED		æ								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED		Ret								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Fax:	turr								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	ηF								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	-re								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	ei								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	g								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	Ħ								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	<u>L</u>								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:	ę.								
E-Mail: Fax: E-mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Tel: Fax:									
Company Name: IRS #: Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	tate/Prov: Zip/Post: Tel: Fax:									
Company Name: IRS #: Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	tate/Prov: Zip/Post: Tel: Fax:									
Same as Shipper Company Name: IRS #: Importer # (if applicable): Address: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: Fax: E-mail: E-mail: Fax: E-mail: Fax: E-mail: Fax: E-mail: E-mail: Fax: E-mail: E-mai	tate/Prov: Zip/Post: Tel: Fax:	Sh								
E-mail: Same as Shipper	Same as Shipper tate/Prov: Zip/Post: Tel: Fax:	ë								
E-mail: Same as Shipper Company Name: IRS #: Importer # (if applicable): Address: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: E-mail: Fax: E-mail:	Cell: Same as Shipper Itate/Prov: Zip/Post: Tel: Fax:	be								
E-mail: Same as Shipper Company Name: IRS #: Importer # (if applicable): Address: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: E-mail: Fax: E-mail:	Cell: Same as Shipper Itate/Prov: Zip/Post: Tel: Fax:	를								
E-mail: Same as Shipper Company Name: IRS #: Importer # (if applicable): Address: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: E-mail: Fax: E-mail:	Cell: Same as Shipper Itate/Prov: Zip/Post: Tel: Fax:	ufc								
City: State/Prov: Zip/Post: Contact Name: Tel: E-mail: Fax: Same as Shipper	Cell: Same as Shipper Itate/Prov: Zip/Post: Tel: Fax:	ċ								
Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-mail: Fax: Same as Shipper	tate/Prov: Zip/Post: Tel: Fax:									
Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-mail: Fax: Same as Shipper	tate/Prov: Zip/Post: Tel: Fax:									
IRS #: Address: City: State/Prov: Zip/Post: Contact Name: Fax:	tate/Prov: Zip/Post: Cell: Same as Shipper tate/Prov: Zip/Post: Tel: Fax:	ш								
IRS #: Address: City: State/Prov: Zip/Post: Contact Name: Fax:	tate/Prov: Zip/Post: Cell: Same as Shipper tate/Prov: Zip/Post: Tel: Fax:									
Company Name: IRS #: Address: City: State/Prov: Zip/Post: E-mail: Fax: Company Name: Fax: City: State/Prov: Zip/Post: Contact Name: Fax: Company Name: State/Prov: Zip/Post: Consider Contact Name: Fax: Company Name: IRS #: Address: City: State/Prov: Zip/Post: E-mail: Company Name: Importer # (if applicable): Address: City: State/Prov: Zip/Post: E-mail: Company Name: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Company Name: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Company Name: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Contact Name: Tel: E-Mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Booth #: tate/Prov: Zip/Post: Cell: Same as Shipper tate/Prov: Zip/Post: Tel: Fax:									
Company Name: Booth #: Facility Name: Booth #: Facility Name: Address: City: State/Prov: Zip/Post: Contact Name: Fax: E-mail: Same as Shipper Same Same Company Name: IRS #: Importer # (if applicable): Address: Importer # (if applicable): Importer # (if applicabl	Booth #: tate/Prov: Zip/Post: Cell: Same as Shipper tate/Prov: Zip/Post: Tel: Fax:	Se								
Customs Clearance and Transportation Customs Clearance Only Transportation Only Company Name: RS #: Address: Contact Name: Fax: Company Name: Fax: Company Name: Company Name	Booth #: tate/Prov: Zip/Post: Cell: Same as Shipper tate/Prov: Zip/Post: Tel: Fax:									
Company Name: IRS #: Address: City: State/Prov: Zip/Post: Contact Name: E-mail: Fax: Company Name: Same as Shipper Company Name: IRS #: Contact Name: E-mail: Same as Shipper Company Name: IRS #: Address: City: State/Prov: Zip/Post: E-mail: Company Name: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Company Name: Importer # (if applicable): Address: City: State/Prov: Zip/Post: Contact Name: E-Mail: Fax: Terms of Payment and Security Deposit – MUST BE COMPLETED	Booth #: tate/Prov: Zip/Post: Cell: Same as Shipper tate/Prov: Zip/Post: Tel: Fax:									



COMMERCIAL INVOICE / PACKING LIST

Sender:

ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093

JOHN SMITH - 555-555-0000

Consignee:

ABC COMPANY, BOOTH #1001 NAME OF THE SHOW/EVENT VENUE NAME VENUE ADDRESS

ONSITE CONTACT NAME & CELL PHONE #

License:	LICENSE #, IF APPLICABLE						
Carnet:	CARNET #, IF APPLICABLE						
IRS #:	12-3456789						
Pieces:	3						
Weight:	512 ☐ kg 🗷 lbs						
Currency:	USD						
Ship Date:	10/15/2015						

REMARKS ("X" each item)

*A – TEMPORARY IMPORT *B – PERMANENT IMPORT

*C – GIVEN AWAY / SOLD

	ı	1	I		1		4							ı	
# of	Item	Qty	Description of Contents	Origin	Weight		mensio (Inches)		СВМ	нтѕ	Re	emark	s*	Val	ue
Pieces	No.		Please include Brand Name & Model # for all electronic equipment.		in kg	L	W	Н			Α	В	С	Unit Value	Total Value
1 OF 3	1	1	DISPLAY BOOTH - BACKWALLS, PANELS,	USA	120	48	48	48	1.81	9403.20.00.70	X			10,000.00	10,000.00
			LIGHTS, GRAPICS, CARPET & UNDERPAD												
	2	2	55" LED TV'S - LG MODEL# 55EG9100	CHINA	20					8528.72.33.00	X			700.00	1,400.00
	2	2	METAL TV STANDS	JAPAN	22					9403.20.00.70	X			200.00	400.00
2 OF 3	1	1000	ADVERTISING LITERATURE	USA	45	23	23	48	0.42	4911.10.00.39			X	0.05	50.00
	2	400	BALL POINT PENS	CHINA	5					9608.10.00.00			X	0.15	60.00
3 OF 3	1	200	CATALOGS	USA	20	23	23	48	0.42	4911.10.00.31			X	1.00	200.00
	2	2	POSTERS	USA	1					4911.91.00.20		X		15.00	30.00

^{**}FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

**FOB VALUE:	12,140.00
INSURANCE:	80.00
FREIGHT CHARGE:	700.00
**TOTAL CIF VALUE:	12,920.00

The shipper hereby authorizes TWI and their agent, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the conditions of carriage. The values listed on this document represent fair-market value.

Signature:	John	Smith	Date:	10/12/2015	
	mestre wowtheather	A			

^{**}CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight



COMMERCIAL INVOICE / PACKING LIST

Sender:				Consignee:							License: Carnet: IRS #: Pieces: Weight: Currency: Ship Date:			□kg		("X *A – TEN *B – PER	REMARKS " each item) IPORARY IMPORT MANENT IMPORT EN AWAY / SOLD
# of	Item	Qty	Description of Contents		Origin	Weight		mensio		СВМ	HTS	Re	emark	s*		Val	ue
Pieces	No.		Please include Brand Name & Model # for all electronic	equipment.	201	in kg	L	W	H			Α	В	С	Unit V	/alue	Total Value
**FOB (Fre	e On Board	l) VALUE:	indicates the cost of goods, including all transportation	and insurance c	osts up to th	e port of depa	arture; the	e "Price F	Paid"						**FOB \	VALUE:	
																RANCE:	
															REIGHT CH		
**CIF (Cos	t, Insurance	, and Frei	ght) VALUE: indicates the value of the goods including	freight and insur	ance from th	e port of depa	arture; FC	B Value	+ Insuran	ce + Freight				**T(OTAL CIF \	VALUE:	
			orizes TWI and their agent, in his name and with the conditions of carriage. The values							and accep	t any document	s relat	ting to	said :	shipment	and forv	vard this
						Si	ignatur	e:						_	Date: _		

Advance Warehouse Order Form

Company Name: ABC COMPANY

Address: 123 SOMEPLACE AVENUE

Show/Event Name: NAME OF THE SHOW/EVENT YOU ARE ATTENDING



Booth #:

1001

Show/Event Dates: DATES THE SHOW/EVENT IS BEING HELD

Company Name: ABC COMPANY

Facility Name: SHOW/EVENT VENUE NAME

ċ.		SUITE 3		Info	Address: V	'ENUE ADD	RESS				
Billing Info.											
ng				Delivery							
	City: NEW	/ YORK State/Prov:	NY Zip/Post: 10093	eli	City: TORG		State/Prov: ON	Zip/Post: M	0X 0X0		
В	Contact N	ame: JOHN SMITH	Tel: 555-555-0000		On-site Co	ntact: JANI	E DOE	Cell: 555-55	5-0002		
	E-mail: J	SMITH@ABCCOMPANY.COM	Fax:555-555-0001		E-mail: JD	OE@ABCC	OMPANY.COM				
			Terms of Payment and Sec	urity Depo	sit – MUS	ГВЕ СОМ	PLETED				
ıfo.	Charge to	: Visa	☐ MasterCard	★ American	can Expres	S		7			
t	Cardholde	er Name: JOHN SMITH		Title	e: CEO						
en	Credit Card Number: 1234 5678 9123 4567 Expiry Date: 07/18										
Payment Info.	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).										
Pã											
	Cardholde	er Signature: John	Smith	Dat	e: DD/MM	I/YY					
		•									
		ame: TRANSPORTATION CO	OMPANY				SUSAN JOHNSON				
		ontact Tel: 555-555-1000					SJOHNSON@TRANSPO	RTATIONCOMPA	NY.COM		
		ate: 10/15/2015		Hours of Operation: 8 AM - 5 PM							
	Delivery L	Date: 10/23/2015		Del	ivery Time	/VVindow:	11 AM - 3 PM				
	# of	Type of Pieces									
fo.	Pieces	(Box/Crate/Skid, etc.)		Length	Width	Height		Per Piece	Total		
<u>=</u>	2	BOXES	@ Dimensions (Inches) Each	23	23	48	@ Weight (lbs) Eac		112		
Shipment Info.	1	SKID	@ Dimensions (Inches) Each	48	48	48	@ Weight (lbs) Eac		400		
Ě			@ Dimensions (Inches) Each				@ Weight (lbs) Eac				
i j			@ Dimensions (Inches) Each				@ Weight (lbs) Eac				
(O)	0	T-1-1	@ Dimensions (Inches) Each		1		@ Weight (lbs) Eac		540		
	3	Total						Total Weight:	512		

arranged with TWI Group, Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact TWI Group, Inc. for more information on Cargo Insurance.

Cargo Insurance / Declared Value

ADVANCE SHIPMENTS TO WAREHOUSE: \$39.00 PER 100 LBS (PLEASE NOTE: 300 LBS MINIMUM)

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

ADVANCE WAREHOUSE SERVICES DO NOT INCLUDE MATERIAL HANDLING SERVICES AND CHARGES.
ADVANCE WAREHOUSE SERVICES INCLUDE DELIVERY TO SHOW SITE ONLY.
YOUR CARRIER MUST PICK UP YOUR MATERIALS DIRECTLY FROM SHOW SITE AT THE CONCLUSION.

The warehouse will start receiving freight 30 days prior to the event from 9am to 3pm, Monday to Friday.

Terms & Conditions

This order is placed with the specific understanding that we hereby release TWI Group, Inc. 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) TWI Group, Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) TWI Group, Inc. 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) TWI Group, Inc. 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) TWI Group, Inc. 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					
I have read and agree to the terms of this contract.					
		010.1			
Print Name: JOHN SMITH	Signature:	John Smith	Date:	OCT. 12, 2015	

Advance Warehouse Order Form



Show/Event Name: Show/Event Dates: Company Name: Company Name: Booth #: Address: Facility Name: Address: Billing Info. Zip/Post: State/Prov: City: Zip/Post: City: State/Prov: Contact Name: On-site Contact: Cell: Tel: E-mail: Fax: E-mail: Terms of Payment and Security Deposit - MUST BE COMPLETED ☐ Visa ☐ American Express Charge to: ☐ MasterCard Cardholder Name: Title: Credit Card Number: **Expiry Date:** 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: Carrier Contact Name: Carrier Name: Carrier Contact Tel: Carrier Contact E-mail: Pick-up Date: Hours of Operation: Delivery Time/Window: **Delivery Date:** Type of Pieces # of (Box/Crate/Skid, etc.) **Pieces** Length Width Height Per Piece Total Shipment Info. @ 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 TWI Group, Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact TWI Group, Inc. for more information on Cargo Insurance.

ance.

ADVANCE SHIPMENTS TO WAREHOUSE: \$39.00 PER 100 LBS (PLEASE NOTE: 300 LBS MINIMUM)

ADVANCE WAREHOUSE SERVICES DO NOT INCLUDE MATERIAL HANDLING SERVICES AND CHARGES.
ADVANCE WAREHOUSE SERVICES INCLUDE DELIVERY TO SHOW SITE ONLY.
YOUR CARRIER MUST PICK UP YOUR MATERIALS DIRECTLY FROM SHOW SITE AT THE CONCLUSION.

The warehouse will be receiving freight October 3,2016- Oct 28,2016 from 9am to 3pm, Monday to Friday.

Terms & Conditions

This order is placed with the specific understanding that we hereby release TWI Group, Inc. 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) TWI Group, Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) TWI Group, Inc. 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) TWI Group, Inc. 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) TWI Group, Inc. 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			
I have read and agree to the terms of this cont	ract.		
Print Name:	Signature:	Date:	

					Form Approved. OMB No. 1651-0010
			DMELAND SECURITY d Border Protection		NO.
			REGISTRATION		
19 CFR 10.8, 10.9, 10.68 148.1, 148.8, 148.32, 148	, (NOTE: N	lumber of copies to be submi	itted varies with type of transaction. to number of copies required.)		
VIA (Carrier)	5.57 IIIquii	e at Fort Director's office as	B/L or INSURED NO.		DATE
NAME	OF TRANSPORTATION C	OMPANY	BILL OF LADING / AIR WAY	/BILL#	10/15/2015
	ZIP CODE TO WHICH CERTI	FIED FORM IS TO BE	AR	TICLES EXPO	DRTED FOR:
MAILED (If Applicable)			ALTERATION*	P	ROCESSING*
ABC COMPANY			REPAIR*	\boxtimes c	OTHER, (specify)
c/o TWI Canada 7145 West Credit	Δνέημε		USE ABROAD	_	DISPLAY / TOOLS OF TRADE
	01A Mississauga ON		REPLACEMENT		G
L5N 6J7			abroad is	subject to C	tions, repairs, or processing CBP duty.
		LIST AR	TICLES EXPORTED		
Number Packages	Kind of Packages		Descript	ion	
1	SKID			, GRAPHIC	S, CARPET & UNDERPAD (USA)
		2 METAL TV STANDS			·
1	BOX	1000 ADVERTISING 400 BALL POINT PER	LITERATURE (USA) NS (CHINA)		
1	BOX	200 CATALOGS (USA) 2 POSTERS (USA)			
		21 001ER0 (00A)		•	

					SE VALIDATE TO SHOW PROOF 85.00 ON THE RETURN ENTRY.
■ SIGNATURE OF C	OWNER OR AGENT (Print or 1				DATE
JOHN SMITH	John Smith	í			10/12/2015
<u>, </u>	70.000	The Above-D	escribed Articles Were:		
	EXAMINED		BE SURE TO MAR	K THE F	OLLOWING IN THE BODY OF
DATE	PORT		YOUR BILL OF LAI	DING OF	R AIR WAYBILL:
SIGNATURE OF CBP OF	FFICER		SIGNA "CERTIFICATE OF		,
					T BE PRESENTED TO U.S.
		CERTIFIC	ALE YORK CODIE		ORT FROM THE USA. BE PROVIDED TO TWI
Duty-free entry is claimed	for the described articles as h	aving been exported without	DOTTOTAL		2-0133), AND TURNED OVER
A					
AIIE	NITION OFF		ON DELIVEDÒ "	. 905-612	
	NTION CBP:	FORMAL	ON DELIVEDÒ "	. 905-612	- I V
	ENTION CBP:		ON DELIVEDÒ "	, DE 1	-14
	ENTION CBP:	PREPAR	ON DELIVERY."	E BE	SURE TO
	ENTION CBP:	PREPAR SCAN TH	ED PLEAS IE ACE E-MA	E BE	SURE TO ST. Y-FREE RE-ENTRY
	ENTION CBP:	PREPAR SCAN TH	ED PLEAS IE ACE E-MA	E BE	SURE TO ST. Y-FREE RE-ENTRY
	MPORTER (<i>Print or Type <u>and</u></i>	PREPAR SCAN TH (THIS DOCUMEN' REQUIREMENTS	ED PLEAS IE ACE E-MA	E BE	SURE TO EST. Y-FREE RE-ENTRY)
SIGNATURE OF II JOHN SMITH	MPORTER (Print or Type <u>and</u> John Smit	PREPAR SCAN TH (THIS DOCUMEN' REQUIREMENTS	ED PLEAS HE ACE E-MA T WAS VALIDATED TO ME UNDER HS# 9801.00.85.0	E BE NIFE EET DUTY 10, ONLY.	SURE TO EST. Y-FREE RE-ENTRY) DATE 10/12/2015
	MPORTER (Print or Type <u>and</u> John Smit	PREPAR SCAN TH (THIS DOCUMEN' REQUIREMENTS	ED PLEAS IE ACE E-MA	E BE NIFE EET DUTY 10, ONLY.	SURE TO EST. Y-FREE RE-ENTRY) DATE 10/12/2015

Paperwork Reduction Act Notice: This request is in accordance with the Paperwork Reduction Act. The information to be provided is submitted by importers/exporters. Completion of this form is mandatory and to your benefit. The estimated average burden associated with this collection of information is 3 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0010), Washington, DC 20503.

			OMELAND SECURI		NO.	651-0010
	CER'	TIFICATE OF	REGISTRATIO	ON		
19 CFR 10.8, 10.9, 10.6 148.1, 148.8, 148.32, 14	8. (NOTE: N	Number of copies to be subm	nitted varies with type of transation	action.		
VIA (<i>Carrier</i>)	0.07	o at t of Brostor o omeo as	B/L or INSURED NO.	,	DATE	
NAME, ADDRESS, AND MAILED (If Applicable)) ZIP CODE TO WHICH CERT	IFIED FORM IS TO BE		ARTICLES EXP	ORTED FOR:	
. ,,		LIST AB	é		PROCESSING* OTHER, (specify) tions, repairs, or processing CBP duty.	<u>-</u>
Number	Kind of	LIST AR	RTICLES EXPORTED	Description		
■ SIGNATURE OF	OWNER OR AGENT (Print or	Type <u>and</u> Sign)			DATE	
	*					
	EXAMINED	The Above-I	Described Articles Were:	LADEN under my	euponyicion	
DATE	PORT		DATE	PORT	Supervision	
SIGNATURE OF CBP C	DFFICER		SIGNATURE OF CBP OFF	ICER		
			CATE ON RETURN			
		and a second control of the second control o			xcept as noted: (use reverse if needed	~
SIGNATURE OF	IMPORTER (Print or Type and				DATE	
	NOTE: Certifying of	ficers shall draw lines t	hrough all unused spac	es with ink or indel	ible pencil.	

Paperwork Reduction Act Notice: This request is in accordance with the Paperwork Reduction Act. The information to be provided is submitted by importers/exporters. Completion of this form is mandatory and to your benefit. The estimated average burden associated with this collection of information is 3 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimates and suggestions for reducing this burden should be directed to Bureau of Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0010), Washington, DC 20503.

STATEMENT REGARDING THE IMPORTATION OF RADIO FREQUENCY DEVICES CAPABLE OF CAUSING HARMFUL INTERFERENCE

(Read instructions before completing form. Please type or print clearly in ink.)

Part I - All Blocks MUST Be Completed						
Date of Entry	Entry Number	Port of Entry ¹	Harmonized Tariff Number ²	Quantity of Item (not number of containers) ³		
				2 (QTY OF ITEMS OF THE SAME MODEL#)		

Device Model/Type Name or #	Trade Name	FCC ID	Description of Equipment
55EG9100 (MODEL #)	LG (BRAND)	BEJLGSBW41 (USE FCC ID # SHOWN ON BACK OF DEVICE, OR IF ONLY FCC SYMBOL IS SHOWN THEN LEAVE BLANK)	55" LED TELEVISION (DESCRIPTION)

Manufacturer's Name and Address	Consignee's Name and Address	Importer's Name and Address
LG Electronics (Hangzhou) Co., Ltd 9, No. 23 Street, HEDA, Hangzhou 310018, China (ADDRESS IN THE COUNTRY WHERE THE EQUIPMENT WAS MADE IF THE ADDRESS DOES NOT MATCH THE COUNTRY OF ORIGIN, THE FORM IS INVALID AND WILL BE REJECTED)	ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093 (ADDRESS WHERE THE SHIPMENT WILL BE RETURNING TO, IN THE USA)	ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093 (ADDRESS WHERE THE SHIPMENT WILL BE RETURNING TO, IN THE USA)

Printed or Typed Name of Importer or Consignee	Signature of Importer or Consignee	Date (Month/Day/Year)
JOHN SMITH	John Smith	10/12/2015

Warning: Any person who knowingly makes a false declaration may be fined not more than \$250,000 or imprisoned not more than 5 years, or both, pursuant to 18 U.S.C. § 1001.

Part II - With Regard to the Importation of the Described Radio Frequency Device(s), I DECLARE THAT: Check this box IF there is an FCC ID # on the equipment. 1. The FCC has issued a grant of equipment authorization for the FCC ID listed above. 2. An FCC grant of equipment authorization and an FCC ID are not required, but the equipment complies with FCC technical requirements. Check this box IF there is no FCC ID # on the equipment, but there is a FCC symbol. 3. The described equipment is being imported in limited quantities for testing and evaluation for compliance with technical requirements or marketing suitability. The equipment will not be offered for sale or otherwise marketed. (See Instructions) 4. The described equipment is being imported in limited quantities for demonstration at industry trade shows and will not be offered for sale or otherwise marketed. (See These boxes do not apply for goods returning from Canadian Events. 5. The described equipment is being imported for use exclusively by the U.S. Government. 7. Three or fewer radio receivers, computers, or other unintentional radiators as defined in Part 15 of the FCC Rules, are being imported for an individual's personal use and are not intended for sale. 8. The described equipment is being imported for repair and will not be offered for sale or otherwise marketed.

- Port of Entry Use Schedule D Classification of U.S. Customs Districts and Ports for U.S. Foreign Trade Statistics a four digit code i.e., New York City, NY 1001.
- 2. Harmonized Tariff Number Harmonized Tariff Schedule of the United States.
- 3. This quantity must be total number of items, not number of containers.

STATEMENT REGARDING THE IMPORTATION OF RADIO FREQUENCY DEVICES CAPABLE OF CAUSING HARMFUL INTERFERENCE

(Read instructions before completing form. Please type or print clearly in ink.)

Part I - All Blocks	MUST Be Co	mpleted							
Date of Entry	Entry Numb	er Po	Port of Entry ¹ Harr		Harmonized T	rmonized Tariff Number ²		Quantity of Item (not	number of containers)3
		•							
Device Model/Type	e Name or #	Trade	Name		FCC ID			Description of I	Equipment
M C + ' -	NI A A A	1	C		'- NI I	A 11			A 1.1
Manufacturer's	Name and Ado	ıress	Consignee's Name and Address				Importer's Name and Address		
			I					1	
Printed or Typed Name of Importer or Consignee			Signatu	re of Impo	orter o	or Consignee	Date (Month/Day/Year)		
,,,				<u> </u>					
Warning: Any parson who knowingly makes a false declar				1	1 ~ 1		.l 6970.000 •		

Warning: Any person who knowingly makes a false declaration may be fined not more than \$250,000 or imprisoned not more than 5 years, or both, pursuant to 18 U.S.C. § 1001.

Part	II - With Regard to the Importation of the Described Radio Frequency Device(s), I DECLARE THAT: (Place an "X" in only one box)
	1. The FCC has issued a grant of equipment authorization for the FCC ID listed above.
	2. An FCC grant of equipment authorization and an FCC ID are not required, but the equipment complies with FCC technical requirements.
	3. The described equipment is being imported in limited quantities for testing and evaluation for compliance with technical requirements or marketing suitability. The equipment will not be offered for sale or otherwise marketed. (See Instructions)
	4. The described equipment is being imported in limited quantities for demonstration at industry trade shows and will not be offered for sale or otherwise marketed. (See Instructions)
	5. The described equipment is being imported solely for export. It will not be offered for sale or otherwise marketed in the U.S.
	5(a). The described equipment is a non-U.S. standard cellular phone that can only function outside of the U.S. (See Instructions)
	6. The described equipment is being imported for use exclusively by the U.S. Government.
	7. Three or fewer radio receivers, computers, or other unintentional radiators as defined in Part 15 of the FCC Rules, are being imported for an individual's personal use and are not intended for sale.
	8. The described equipment is being imported for repair and will not be offered for sale or otherwise marketed.

- 1. Port of Entry Use Schedule D Classification of U.S. Customs Districts and Ports for U.S. Foreign Trade Statistics a four digit code i.e., New York City, NY 1001.
- 2. Harmonized Tariff Number Harmonized Tariff Schedule of the United States.
- 3. This quantity must be total number of items, not number of containers.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION

DECLARATION FOR IMPORTED ELECTRONIC PRODUCTS SUBJECT TO RADIATION CONTROL STANDARDS

Form Approved OMB No. 0910-0025

INSTRUCTIONS

- 1. If submitting entries electronically through ACS/ABI, hold FDA-2877 in entry file. Do not submit to FDA unless requested.
- 2. If submitting paper entry documents, submit the following to FDA: a. 2 copies of Customs Entry Form (e.g. CF 3461, CF 3461 Alt,
 - CF 7501, etc.)

b. 1 copy of FDA 2877 c. Commercial Invoice(s) in English. U.S. CUSTOMS PORT OF ENTRY ENTRY NUMBER DATE OF ENTRY NAME & ADDRESS OF MANUFACTURING SITE; COUNTRY OF ORIGIN NAME & ADDRESS OF IMPORTER & ULTIMATE CONSIGNEE (if not importer) **LG Electronics (Hangzhou) Co., Ltd ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 9, No. 23 Street, HEDA, Hangzhou 310018, China (**ADDRESS IN THE COUNTRY WHERE THE EQUIPMENT WAS MADE -- IF NEW YORK, NY 10093 (ADDRESS WHERE THE SHIPMENT WILL BE RETURNING TO. IN THE USA) THE ADDRESS DOES NOT MATCH THE COUNTRY OF ORIGIN, THE FORM IS INVALID AND WILL BE REJECTED) PRODUCT DESCRIPTION QUANTITY (Items/Containers) MODEL NUMBER(S) & BRAND NAME(S) LG (BRAND) 2 (QTY OF ITEMS OF THE 55" LED TELEVISION (DESCRIPTION) SAME MODEL#) 55EG9100 (MODEL#) (Mark X applicable statements, fill in blanks, & sign) DECLARATION: I / WE DECLARE THAT THE PRODUCTS IDENTIFIED ABOVE: ☐ A. ARE NOT SUBJECT TO RADIATION PERFORMANCE STANDARDS BECAUSE THEY: 1. Were manufactured prior to the effective date of any applicable standard; Date of Manufacture

2.	Are excluded by the applicability clause or definition in the standard or by FDA written guidance.
	Specify reason for exclusion
<u> </u>	Are personal household goods of an individual entering the U.S. or being returned to a U.S. resident. (Limit: 3 of each product type).
4.	Are property of a party residing outside the U.S. and will be returned to the owner after repair or servicing.
<u> </u>	Are components or subassemblies to be used in manufacturing or as replacement parts (NOT APPLICABLE to diagnostic x-ray parts).
☐ 6.	Are prototypes intended for on going product development by the importing firm, are labeled "FOR TEST/EVALUATION ONLY," and will be exported,
	destroyed, or held for future testing (i.e., not distributed). (Quantities Limited - see reverse.)
7 .	Are being reprocessed in accordance with P.L. 104-134 or other FDA guidance, are labeled "FOR EXPORT ONLY," and will not be sold, distributed,
	or transferred without FDA approval.

X B. COMPLY WITH THE PERFORMANCE STANDARDS WHICH ARE APPLICABLE AT DATE OF MANUFACTURE AND THAT A CERTIFICATION LABEL OR TAG TO THIS EFFECT IS AFFIXED TO EACH PRODUCT. COMPLIANCE DOCUMENTED IN:

Last annual report or Product/Initial report			
ACCESSION NUMBER of Report	Name of Ma	ANUFACTURER OF RECORD	(Filed report with FDA/CDRH)

🔀 2. Unknown manufacturer or report number, State reason: PURCHASED FROM RETAILER IN USA, USED AT CDN EVENT, RETURNING TO USA.

C. DO NOT COMPLY WITH PERFORMANCE STANDARDS; ARE BEING HELD UNDER A TEMPORARY IMPORT BOND; WILL NOT BE INTRODUCED INTO COMMERCE: WILL BE USED UNDER A RADIATION PROTECTION PLAN: AND WILL BE DESTROYED OR EXPORTED UNDER U.S. CUSTOMS SUPERVISION WHEN THE FOLLOWING MISSION IS COMPLETE:

1. Research, Investigations/Studies, or Training (attach Form FDA 766)

2. Trade Show/Demonstration; List dates & use restrictions

D. DO NOT COMPLY WITH PERFORMANCE STANDARDS; ARE HELD AND WILL REMAIN UNDER BOND; AND WILL NOT BE INTRODUCED INTO COMMERCE UNTIL NOTIFICATION IS RECEIVED FROM FDA THAT PRODUCTS HAVE BEEN BROUGHT INTO COMPLIANCE IN ACCORDANCE WITH AN FDA APPROVED PETITION. (See Form FDA 766.)

Approved Petition is attached.

2. Petition Request is attached.

3. Request will be submitted within 60 days.

WARNING: Any person who knowingly makes a false declaration may be fined not more than \$10,000 or imprisoned not more than 5 years or both, pursuant to Title 18 U.S.C. 1001. Any person importing a non- compliant NAME AND TITLE OF RESPONSIBLE PERSON electronic product may also be subject to civil penalties of \$1000 per violation, up to a maximum \$300,000 for related violations pursuant to Title 21 U.S.C. 360pp.

SIGNATURE OF IMPORTER OF RECORD

JOHN SMITH

Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

> Food and Drug Administration CDRH (HFZ-342) 2094 Gaither Road Rockville, MD 20850

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION

DECLARATION FOR IMPORTED ELECTRONIC PRODUCTS SUBJECT TO RADIATION CONTROL STANDARDS

Form Approved OMB No. 0910-0025

INSTRUCTIONS

- 1. If submitting entries electronically through ACS/ABI, hold FDA-2877 in entry file. Do not submit to FDA unless requested.
 - If submitting paper entry documents, submit the following to FDA: a. 2 copies of Customs Entry Form (e.g. CF 3461, CF 3461 Alt,
 - CF 7501, etc.)
 - b. 1 copy of FDA 2877

c.	Commercial	Invoice(s) in	English.
----	------------	----------	-------	----------

U.S. CUSTOMS PORT OF ENTRY		ENTRY NUMBER	DATE OF ENTRY	
NAME & ADDRESS OF MANUFACTURING SITE;	COUNTRY OF ORIGIN	NAME & ADDRESS OF IMPORTER & ULTIMATE CONSIGNEE (if not importer)		
PRODUCT DESCRIPTION	QUANTITY (Items/Containers)	MODEL NUMBER(S) & BRAND NAME(S)		
DECLARATION: I / WE DECLARE THAT THE	HE PRODUCTS IDENTIFIED A	BOVE: (Mark X applicable stateme	ents, fill in blanks, & sign)	
$\ \square$ A. ARE NOT SUBJECT TO RADIATI	ON PERFORMANCE STAN	DARDS BECAUSE THEY:		

L	1.	Were manufactured prior to the effective date of any applicable standard; Date of Manufacture
	2.	Are excluded by the applicability clause or definition in the standard or by FDA written guidance.
		Specify reason for exclusion
	3.	Are personal household goods of an individual entering the U.S. or being returned to a U.S. resident. (Limit: 3 of each product type).
	4.	Are property of a party residing outside the U.S. and will be returned to the owner after repair or servicing.
	5.	Are components or subassemblies to be used in manufacturing or as replacement parts (NOT APPLICABLE to diagnostic x-ray parts).
	6.	Are prototypes intended for on going product development by the importing firm, are labeled "FOR TEST/EVALUATION ONLY," and will be exported,
		destroyed, or held for future testing (i.e., not distributed). (Quantities Limited - see reverse.)
	7.	Are being reprocessed in accordance with P.L. 104-134 or other FDA guidance, are labeled "FOR EXPORT ONLY," and will not be sold, distributed,
		or transferred without FDA approval.

☐ B.	COMPLY WITH THE PERFORMANCE STANDARDS WHICH ARE APPLICABLE AT DATE OF MANUFACTURE AND THAT A
	CERTIFICATION LABEL OR TAG TO THIS EFFECT IS AFFIXED TO EACH PRODUCT. COMPLIANCE DOCUMENTED IN:
	1 Last appual report or Product/Initial report

ACCESSION NUMBER of Report	Name of MANUFACTURER OF RECORD (Filed report with FDA/CDRH)
2. Unknown manufacturer or report number; State reason:	

C. DO NOT COMPLY WITH PERFORMANCE STANDARDS; ARE BEING HELD UNDER A TEMPORARY IMPORT BOND; WILL NOT BE INTRODUCED INTO COMMERCE: WILL BE USED UNDER A RADIATION PROTECTION PLAN: AND WILL BE DESTROYED OR EXPORTED UNDER U.S. CUSTOMS SUPERVISION WHEN THE FOLLOWING MISSION IS COMPLETE:

2. Trade Show/Demonstration; List dates & use restrictions _

 \Box d. Do not comply with performance standards; are held and will remain under bond; and will not be INTRODUCED INTO COMMERCE UNTIL NOTIFICATION IS RECEIVED FROM FDA THAT PRODUCTS HAVE BEEN BROUGHT INTO COMPLIANCE IN ACCORDANCE WITH AN FDA APPROVED PETITION. (See Form FDA 766.)

1. Approved Petition is attached. 2. Petition Request is attached. 3. Request will be submitted within 60 days.

WARNING: Any person who knowingly makes a false declaration may be fined not more than \$10,000 or imprisoned not more than 5 years or both, pursuant to Title 18 U.S.C. 1001. Any person importing a non-compliant electronic product may also be subject to civil penalties of \$1000 per violation, up to a maximum \$300,000 for related violations pursuant to Title 21 U.S.C. 360pp.

SIGNATURE OF IMPORTER OF RECORD

NAME AND TITLE OF RESPONSIBLE PERSON

Public reporting burden for this collection of information is estimated to average 0.2 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

> Food and Drug Administration CDRH (HFZ-342) 2094 Gaither Road Rockville, MD 20850

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.