

**Mendelssohn Commerce**  
6631 Elmbridge Way,  
Unit 140  
Richmond, BC  
V7C 4N1  
  
Toll Free: 1-800-665-4628  
www.mend.com



## Customs Clearance Services

### ***2016 Million Dollar Round Table Annual Meeting June 12 – 15, 2016***

**Mendelssohn Commerce** has been appointed as the official customs broker for the **MDRT 2016 Annual Meeting** to be held at the **Vancouver Convention Center, June 12th – 15th, 2016**. For all customs needs we recommend you deal directly with Mendelssohn Commerce.

For Customs inquiries please contact:

**Stefanie Lane**

**slane@mend.com**

Tel: 604-687-5535	Fax: 604-687-1463	Cell: 778-558-6365
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Prior to shipping, the **Order Form** and **Canada Customs Invoice (CCI)** should be completed and forwarded to our office (Attn: Stefanie Lane, Email: slane@mend.com). Three copies of the CCI must accompany the shipment.

### **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 Commerce six weeks in advance so that the proper documentation (Pre-Arrival Processing System - PAPS) can be prepared for the appropriate border crossing.

☞ **Prior to shipping your goods, please fax all appropriate customs documents to our office at 604-687-1463.** It is important to provide Mendelssohn Commerce with your carrier's name and tracking number. ☞

COF: Customs Order Form: Mandatory for customs clearance. Without this document Mendelssohn Commerce does not have authorization to clear shipments. This form also gives the coordinator all the information for the return shipment.

CCI: Canada Customs Invoice: is the mandatory document for anyone shipping exhibit/registration material. Three (3) copies should accompany the shipment (either provide them to the driver picking up your material or tape them onto the shipment).

**\*\*When shipping electronic equipment back to the USA after the congress, FCC and FDA forms can apply. Please speak to Mendelssohn Commerce about this.**

A Mendelssohn Commerce representative will be on-site for your convenience.

# 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:



1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes and levies in respect of imported and exported goods released or to be released; and
2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant 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: INT'L MARKETING EVENT

Event Dates: APR. 15-17, 2014

Services Required: (please check one)

☒ Customs Clearance and Transportation

☐ Customs Clearance Only

☐ Transportation Only

### Shipper Information

Company Name: ABC DISTRIBUTING COMPANY

IRS # or U.S. Tax Identification #: 12-3456789

Address: 125 ELM STREET

DOCK DOOR #2

City: CHICAGO Province/State: IL Postal/Zip: 66666

Contact Name: JOHN DOE Tel: 708-555-1200

E-mail: JDOE@DOMAIN.COM Fax: 708-555-2222

### Return Freight

☒ Same as Shipper

Company Name: ABC DISTRIBUTING COMPANY

IRS # or U.S. Tax Identification #: 12-3456789

Address: 125 ELM STREET

DOCK DOOR #2

City: CHICAGO Province/State: IL Postal/Zip: 66666

Contact Name: JOHN DOE Tel: 708-555-1200

E-mail: JDOE@DOMAIN.COM

### Delivery Information

Exhibitor/Company Name: ABC DISTRIBUTING COMPANY

Event Name: INT'L MARKETING EVENT Booth #: 234

Facility Name: EVENT FACILITY

Address: 278 SOMEWHERE PLACE

City: TORONTO Province/State: ON Postal/Zip: M5M 2B2

On-Site Contact: SANDY SMITH Cell #: 708-555-1234

E-mail: SSMITH@DOMAIN.COM

### Billing / Invoicing Information

☐ Same as Shipper

Company Name: ABC DISTRIBUTING COMPANY ACCOUNTING DEPT.

Importer # (if applicable): 123456789RT0001

Address: 345 OAK AVE.

City: CHICAGO Province/State: IL Postal/Zip: 66667

Contact Name: JOE SMITH Tel: 708-555-1255

E-mail: JSMITH@DOMAIN.COM Fax: 708-555-1266

### Shipment Information

Carrier Name (if not using Mendelssohn Commerce): MENDELSSOHN COMMERCE Contact Name: COORDINATOR NAME Tel: 905-673-5445

Pick-Up Date: APR. 03/14 Hours of Operation: 8:00 AM - 5:00 PM Delivery Date: APR. 14/14 Time: 11:00 AM

Requested Service Level: ☐ Air ☐ 2<sup>nd</sup> Day ☒ Truck

Additional Services Required: ☐ Lift Gate ☐ Inside Pick-Up/Delivery

# of Pieces	Box/Crate/Skid etc.	@ Dimensions (Inches) Each:	Length	Width	Height	@ Weight (lbs) Each:	Per Piece	Total
2	SKIDS	@ Dimensions (Inches) Each:	48	48	48	@ Weight (lbs) Each:	375	750
4	CRATES	@ Dimensions (Inches) Each:	45	47	60	@ Weight (lbs) Each:	500	2,000
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
6	Total						Total Weight:	2,750

### 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

I have read and agree to the Terms and Conditions of this Contract.

Signature:

*Joe Smith*

Name: JOE SMITH

Title: OWNER / PRESIDENT

Date: 01/29/2014

#### Accepted by Mendelssohn Commerce

Signature:

Name:

Title:

Date:

# Order Form

## Customs and Transportation Services

Please accept this as authority for ICECORP Logistics Inc. dba Mendelsohn 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:

1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes and levies in respect of imported and exported goods released or to be released; and
2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant ICECORP Logistics Inc. dba Mendelsohn 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

Company Name:		
IRS # or U.S. Tax Identification #:		
Address:		
City:	Province/State:	Postal/Zip:
Contact Name:	Tel:	
E-mail:	Fax:	

### Delivery Information

Exhibitor/Company Name:		
Event Name:	Booth #:	
Facility Name:		
Address:		
City:	Province/State:	Postal/Zip:
On-Site Contact:	Cell #:	
E-mail:		

### Return Freight

☐ Same as Shipper

Company Name:		
IRS # or U.S. Tax Identification #:		
Address:		
City:	Province/State:	Postal/Zip:
Contact Name:	Tel:	
E-mail:		

### Billing / Invoicing Information

☐ Same as Shipper

Company Name:		
Importer # (if applicable):		
Address:		
City:	Province/State:	Postal/Zip:
Contact Name:	Tel:	
E-mail:	Fax:	

### Shipment Information

Carrier Name (if not using Mendelsohn Commerce):		Contact Name:	Tel:
Pick-Up Date:	Hours of Operation:	Delivery Date:	Time:
Requested Service Level:	<input type="checkbox"/> Air <input type="checkbox"/> 2 <sup>nd</sup> Day <input type="checkbox"/> Truck		
Additional Services Required:	<input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick-Up/Delivery		

# of Pieces	Box/Crate/Skid etc.	Length	Width	Height	@ Weight (lbs) Each:	Per Piece	Total
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn 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 Mendelsohn Commerce (Mendelsohn 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) Mendelsohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelsohn 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) Mendelsohn 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) Mendelsohn 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

I have read and agree to the Terms and Conditions of this Contract.

Signature:

Name:

Title:

Date:

#### Accepted by Mendelsohn Commerce

Signature:

Name:

Title:

Date:



CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES

Page 1 of/de 1

<b>1</b> Vendor (Name and Address) / Vendeur (Nom et Adresse)  ABC DISTRIBUTING COMPANY 125 ELM STREET DOCK DOOR #2 CHICAGO, IL 66666		<b>2</b> Date of Direct Shipment to Canada Date d'expédition directe vers le Canada  04/03/2014		
<b>4</b> Consignee (Name and Address) / Destinataire (Nom et Adresse)  ABC DISTRIBUTING COMPANY - BOOTH# 234 c/o INT'L MARKETING EVENT EVENT FACILITY 278 SOMEWHERE PLACE TORONTO, ON M5M 2B2		<b>3</b> Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)  IRS# 12-3456789		
		<b>5</b> Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire)  No sale involved		
		<b>6</b> Country of Transshipment / Pays de transbordement  N/A		
		<b>7</b> Country of Origin of Goods Pays d'origine des marchandises  USA	If shipment includes goods of different origins, enter origins against items in field 12. Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.	
		<b>9</b> Condition of Sales and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.)  No sale involved		
<b>VII. 1</b> Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?  YES <input checked="" type="checkbox"/> OUI NO <input type="checkbox"/> NON		<b>8</b> Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada  MENDELSSOHN COMMERCE, CHICAGO, IL		
<b>10</b> Currency of Settlement / Devises du paiement  USD				
<b>11</b> No. of Pkgs. Nmbre. De Coils	<b>12</b> Specification of Commodities (Kind of Packages Marks and Numbers, General Description and Characteristics i.e. Grade Quality) Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité)	<b>13</b> Quantity (State Unit) Quantité (Préciser l'unité)	<b>Replacement Value</b> Valeur de Remplacement	
6 PCS	DISPLAY BOOTH (BACKWALLS, LIGHTS, GRAPHICS, CARPET)	1	<b>14</b> Unit Price Prix Unitaire	<b>15</b> Total
	ADVERTISING BROCHURES / CATALOGS / LITERATURE	1000	\$5,000.00	\$5,000.00
	PLASTIC KEY CHAINS	50	\$0.10	\$100.00
	BOOKS	50	\$0.50	\$25.00
	COMPUTERS	3	\$1.00	\$50.00
COMPUTER MONITORS	3	\$1,000.00	\$3,000.00	
			\$500.00	\$1,500.00
<b>XI.1</b> Total Number of Pieces / Nombre total de pièces				
<b>18</b> If any fields of 1 to 17 are included on an attached commercial invoice, check this box Si les renseignements des zones 1 à 17 figurent sur la facture commerciale cocher cette case  Commercial Invoice No. / No. De la facture commerciale <input type="checkbox"/>		<b>16</b> Total Weight / Poids total		<b>17</b> Invoice Total Total de la facture
		Net N/A	Gross / Brut 2,750 LBS	\$9,675.00
<b>19</b> Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)  Name:  Tel:  Fax:		<b>20</b> Originator (Name and Address) Expéditeur d'origine (Nom et adresse)  Name: JOE SMITH ABC DISTRIBUTING COMPANY 125 ELM STREET CHICAGO, IL 66666 Tel: 708-555-1200 Fax: 708-555-2222		
<b>21</b> Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu)  N/A		<b>22</b> If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cocher cette case <input checked="" type="checkbox"/>		
<b>23</b>	<b>24</b>	<b>25</b>		



CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES

Page of/de

1 Vendor (Name and Address) /Vendeur (Nom et Adresse)		2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada		
		3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)		
4 Consignee (Name and Address) /Destinataire (Nom et Adresse)		5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire)  No sale involved		
		6 Country of Transhipment / Pays de transborderment  N/A		
		7 Country of Origin of Goods Pays d'origine des marchandises	If shipment includes goods of different origins, enter origins against items in field 12. Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.	
VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?  YES <input type="checkbox"/> OUI NO <input checked="" type="checkbox"/> NON		9 Condition of Sales and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.)  No sale involved		
8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada		10 Currency of Settlement / Devises du paiement		
11 No. of Pkgs. Nbre. De Coils	12 Specification of Commodities (Kind of Packages Marks and Numbers, General Description and Characteristics i.e. Grade Quality) Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité)	13 Quantity (State Unit) Quantité (Préciser l'unité)	Replacement Value Valeur de Remplacement	
			14 Unit Price Prix Unitaire	15 Total
XI.1 Total Number of Pieces / Nombre total de pièces				
18 If any fields of 1 to 17 are included on an attached commercial invoice, check this box Si les renseignements des zones 1 à 17 figurent sur la facture commerciale cocher cette case  Commercial Invoice No. / No. De la facture commerciale _____ <input type="checkbox"/>		16 Total Weight / Poids total		17 Invoice Total Total de la facture
		Net N/A	Gross / Brut	
19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)  Name:  Tel:  Fax:		20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse)  Name:  Tel:  Fax:		
21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/A		22 If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cocher cette case <input checked="" type="checkbox"/>		
23	24	25		



## 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 1-855-762-1145.**

PUVONAV @ Aaa A A • ^ a A U p S Y A I A ^ & a q o f A u e { ^ } o q f i { a e } E K Q s A I & a e a a q A a ^ & ^ a A e ^ a b C o s A P U V A s s ^ • a I A I A  
 I ^ & a q o f A I o I A I & ^ { ^ } o A q a A @ { ^ } o q f i { a e } E K Q A I } E a e { ^ } o q f i { a e } A U I a ^ A I o I I • E K Q c I a ^ E K Q a A U A  
 S o a q \* E a E A @ ^ j a A ^ A ^ } o q a A E a e A I A a a A I A e I E I I E I I E A

Event Name:

Event Dates:

### Invoicing Information

Exhibitor / Company Name:

Address:

City:

Province/State:

Postal/Zip Code:

Telephone:

E-mail:

### Credit Card Information

Charge to: ☐ Visa ☐ MasterCard ☐ 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:

Date (mm/dd/yyyy):

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

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