

customs



GES Customs Services

*GES is proud
to offer our
clients a one
source solution
for
Customs and
Transportation
services*

Reliable and Efficient Service

- Experienced and reliable staff you can depend on who specialize in trade show Customs procedures
- Personnel are accessible at all times

Value Added Service

- Save time and money by making fewer calls

Personalized Service

- Telephone, email and fax communication
- Forms and instructions for completion in all Exhibitor Service Kits
- One-on-one Customs consultation to assist all exhibitors with their specific needs

On-Site Representation

GES Customs Services representatives will be on site from the beginning of move-in and throughout the event until the last shipment leaves the trade show floor

Simplified Ordering

For your convenience choose one of the ordering options available:

- Online: www.gesexpo.ca
- Phone: 905-283-0500 or 1-877-437-4247
- Fax: 905-283-0501

Leave all your shipping, customs clearance and furniture rentals to GES.

THE ORIGINAL OF THIS ORDER FORM MUST BE COMPLETED & RETURNED TO ENSURE CUSTOMS CLEARANCE
PLEASE ACCEPT THIS AS YOUR AUTHORITY TO PROVIDE CUSTOMS CLEARANCE AND/OR TRANSPORTATION SERVICES

WE WISH TO USE GES SERVICES
FOR (PLEASE CHECK ONE)

☒ Customs Clearance
And Transportation

☐ Customs Clearance
Only

☐ Transportation
Only

SECTION 1

EXHIBITOR AND SHIPMENT INFORMATION

Exhibitor / Company Name: **ABC MACHINE COMPANY** Email Address: _____
 U.S. Tax # or U.S. IRS ID #: **31-2293941**
 Event Name & Booth #: **INTERNATIONAL MACHINERY SHOW 1430** Booth #: _____
 Facility Name: **MTCC - METRO TORONTO CONVENTION CENTRE - SOUTH BLDG**
 Shipment Date: **MARCH 3, 2001** From (City): **NEW YORK** Carrier Name: **GES LOGISTICS**
 It Consists of (# Cartons): **6** Weight: **1,500** ☒ lbs. ☐ kgs.
 Our Rep @ Event: **BILL SMITH** Staying At (Hotel): **RYH - ROYAL YORK** Tel: **416-368-2511**

PLEASE DO NOT SHIP BY PARCEL COURIER OR MAIL - WE WILL NOT BE RESPONSIBLE FOR TIMELY DELIVERY

SECTION 2

RETURN SHIPMENT CONSIGNMENT INFORMATION

Company Name: **ABC MACHINE COMPANY**
 Delivery Address: **100 - 5TH AVENUE**
 City: **NEW YORK** Province/State: **NEW YORK** Postal / Zip: **10012-1010**
 Name: **JOE BROWN** Telephone: **212-286-2140** Fax Number: **212-286-2100**
 Ship Via: ☒ Common Carrier ☐ Our Company Vehicle ☐ Van Line Service ☐ Air Freight Service

SECTION 3

CREDIT CARD AUTHORIZATION (NOTE - THIS SECTION MUST BE COMPLETED)

☐ I hereby authorize use of the following credit card for payment of services relative to this order form

CREDIT CARD INFORMATION MUST BE COMPLETED

Charge To: ☒ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS
 Credit Card Number: **123 456 789 012** Expiry: **09 / 03**
 Cardholder's Name: **BILL SMITH** Title: **DIRECTOR OF SALES**
 Cardholder's Signature: **BILL SMITH**

ORIGINAL SIGNATURE REQUIRED

SECTION 4

INVOICE / STATEMENT INFORMATION

Company Name: **ABC MACHINE COMPANY**
 Mailing Address: **100 - 5TH AVENUE**
 City: **NEW YORK** Province/State: **NY** Postal / Zip: **10012-1010**
 Attention: **BILL SMITH** Telephone: **212-286-2140** Fax Number: **212-286-2100**

SECTION 5

ORDER AUTHORIZED BY

This Form Was Completed By: **JOE BROWN**
 (Please Print Full Name)

Title: **DIRECTOR OF MARKETING**

Date: **APRIL 17, 2001**



Customs / Transportation Order Form

THE ORIGINAL OF THIS ORDER FORM MUST BE COMPLETED & RETURNED TO ENSURE CUSTOMS CLEARANCE
PLEASE ACCEPT THIS AS YOUR AUTHORITY TO PROVIDE CUSTOMS CLEARANCE AND/OR TRANSPORTATION SERVICES

WE WISH TO USE GES SERVICES
FOR (PLEASE CHECK ONE)

☐ Customs Clearance
And Transportation

☐ Customs Clearance
Only

☐ Transportation
Only

SECTION 1

EXHIBITOR AND SHIPMENT INFORMATION

Exhibitor / Company Name: _____ Email Address: _____
U.S. Tax # or U.S. IRS ID #: _____
Event Name & Booth #: _____ Booth #: _____
Facility Name: _____
Shipment Date: _____ From (City): _____ Carrier Name: _____
It Consists of (# Cartons): _____ Weight: _____ ☐ lbs. ☐ kgs.
Our Rep @ Event: _____ Staying At (Hotel): _____ Tel: _____

PLEASE DO NOT SHIP BY PARCEL COURIER OR MAIL - WE WILL NOT BE RESPONSIBLE FOR TIMELY DELIVERY

SECTION 2

RETURN SHIPMENT CONSIGNMENT INFORMATION

Company Name: _____
Delivery Address: _____
City: _____ Province/State: _____ Postal / Zip: _____
Name: _____ Telephone: _____ Fax Number: _____
Ship Via: ☐ Common Carrier ☐ Our Company Vehicle ☐ Van Line Service ☐ Air Freight Service

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Credit Card Number: _____ Expiry: _____ / _____
Cardholder's Name: _____ Title: _____
Cardholder's Signature: _____

ORIGINAL SIGNATURE REQUIRED

SECTION 4

INVOICE / STATEMENT INFORMATION

Company Name: _____
Mailing Address: _____
City: _____ Province/State: _____ Postal / Zip: _____
Attention: _____ Telephone: _____ Fax Number: _____
Email: _____

SECTION 5

ORDER AUTHORIZED BY

This Form Was Completed By: _____
(Please Print Full Name)
Title: _____ Date: _____

CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

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1 Vendor (Name and Address) / Vendeur (Nom et Adresse) ABC MACHINE COMPANY 100-5TH AVENUE NEW YORK, NY 10012-1010		2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada MARCH 3, 2001		3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur) 31-2293941 (COMPANY IRS#)	
4 Consignee (Name and Address) / Destinataire (Nom et Adresse) ABC MACHINE COMPANY / BOOTH 210 INTERNATIONAL MACHINERY SHOW C/O METRO TORONTO CONVENTION CENTRE SOUTH BLDG 222 BREMNER BLVD TORONTO, ON M5V 2E6		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 Transshipment / Pays de transbordement N/A	
		7 Country of Origin of Goods Pays d'origine des marchandises U.S.A.		If shipment includes goods of different origins enter origins against items in 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 ☐ OUI NO ☐ 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.)			
8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada GES LOGISTICS NEW YORK, NY		10 Currency of Settlement / Devises du paiement USD			
11. No. of Pkgs. Nbre. de colis	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)	Relacement Value Valeur de Remplacement		
			14 Unit Price Prix Unitaire	15 Total	
3 PCS	WOODEN CRATES-COMPUTERS (CERTIFICATE OF REGISTRATION ATTACHED)	3	\$1,000.00	\$3,000.00	
1 PC	CRATE-COMPUTER MONITOR (CERTIFICATE OF REGISTRATION ATTACHED)	1	\$ 500.00	\$ 500.00	
1 PC	CARTON-ADVERTISING LITERATURE	1,000	\$ 0.10	\$ 100.00	
1 PC	CARTON-PLASTIC KEY CHAINS / BOOKS	50	\$ 0.50	\$ 25.00	
XI.1 Total Number of Pieces / Nombre total de pièces 6					
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		16. Total Weight / Poids total 1,500bs. ☒kgs.		17. Invoice Total Total de la facture	
		Net. Weight N/A	Gross Wt./ Brut 1,500 lbs		
19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse) ABC MACHINE COMPANY 100-5TH AVENUE NEW YORK, NY 10012-1010			
21 Departmental Ruling (if applicable) Decision ministérielle (s'il y a lieu) N/A		Contact: BILL SMITH Tel: 212-268-2140 Fax: 212-268-2511			

CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

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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)			
		6 Country of Transshipment / Pays de transbordement			
		7 Country of Origin of Goods Pays d'origine des marchandises		If shipment includes goods of different origins enter origins against items in 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?		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.)			
YES ☐ OUI NO ☐ NON					
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 colis	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)	Relacement Value Valeur de Remplacement		
			14 Unit Price Prix Unitaire	15 Total	
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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		16. Total Weight / Poids total ☐ lbs. ☐ kgs.		17. Invoice Total Total de la facture	
Commercial Invoice No. / No. De la facture commerciale		Net. Weight		Gross Wt./ Brut	
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21 Departmental Ruling (if applicable) Decision ministérielle (s'il y a lieu)		Contact: Tel: Fax:			