

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**

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

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☐ Customs Clearance
And Transportation

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Only

☐ Transportation
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SECTION 1

EXHIBITOR AND SHIPMENT INFORMATION

Exhibitor / Company Name: _____

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

SECTION 3

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☐ 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: _____

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: _____