



# Customs / Transportation Order Form

EXAMPLE

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 Booth #: 1430

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 - 5<sup>TH</sup> 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 - 5<sup>TH</sup> 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



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WE WISH TO USE GES SERVICES FOR (PLEASE CHECK ONE)  Customs Clearance And Transportation  Customs Clearance Only  Transportation Only

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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: \_\_\_\_\_

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**SECTION 2 RETURN SHIPMENT CONSIGNMENT INFORMATION**

Company Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal / Zip: \_\_\_\_\_

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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**

<p>1 Vendor (Name and Address) / Vendeur (Nom et Adresse)</p> <p>ABC MACHINE COMPANY 100-5<sup>TH</sup> AVENUE NEW YORK, NY 10012-1010</p>	<p>2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada <b>MARCH 3, 2001</b></p> <p>3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur) 31-2293941 (COMPANY IRS#)</p>
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<p>4 Consignee (Name and Address) / Destinataire (Nom et Adresse)</p> <p>ABC MACHINE COMPANY / BOOTH 210 INTERNATIONAL MACHINERY SHOW C/O METRO TORONTO CONVENTION CENTRE SOUTH BLDG  222 BREMNER BLVD TORONTO, ON M5V 2E6</p>	<p>5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire) NO SALE INVOLVED</p> <p>6 Country of Transshipment / Pays de transbordement N/A</p> <p>7 Country of Origin of Goods Pays d'origine des marchandises <b>U.S.A.</b></p> <p style="font-size: small;">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</p>
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<p>VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?</p> <p>YES <input type="checkbox"/> OUI                      NO <input type="checkbox"/> NON</p>	<p>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.)</p>
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<p>8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada</p> <p>GES LOGISTICS NEW YORK, NY</p>	<p>10 Currency of Settlement / Devises du paiement USD</p>
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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

<p>XI.1 Total Number of Pieces / Nombre total de pièces <b>6</b></p>		
<p>18 <input type="checkbox"/> 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</p> <p>Commercial Invoice No. / No. De la facture commerciale</p>	<p>16. Total Weight / Poids total 1,500bs. <input checked="" type="checkbox"/>kgs.</p> <p>Net. Weight / Gross Wt./ Brut N/A                      1,500 lbs</p>	<p>17. Invoice Total / Total de la facture</p>

<p>19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)</p>	<p>20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse) ABC MACHINE COMPANY 100-5<sup>TH</sup> AVENUE NEW YORK, NY 10012-1010</p> <p>Contact: BILL SMITH</p> <p>Tel: 212-268-2140                      Fax: 212-268-2511</p>
<p>21 Departmental Ruling (if applicable) Decision ministérielle (s'il y a lieu)</p> <p>N/A</p>	

