

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		<input type="checkbox"/> 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		<input type="checkbox"/> 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 nd 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:	

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 12176777RM0001, 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: 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

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

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

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 Mendelsohn 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 2nd 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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn Commerce for more Cargo Insurance information.

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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 Mendelsohn Commerce

Signature:
Name:
Title:
Date:



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 514-396-5547.**

NOTE: This fax # is used ONLY for receipt of Payment Information. It is located in a secured area that is NOT accessible for receipt of other documents and shipment information. All non-payment information (Order Forms, Invoices, Bills Of Lading, etc.) should be sent via e-mail, or faxed to 514-849-3446.

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: / /

Mendelsohn 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 TH 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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