



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: _____
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 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: _____ 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: _____