



# Customs / Transportation Order Form



GES Customs Brokerage Services are powered by TWI Exhibition Logistics, Inc. The purpose of this form is to authorize TWI Exhibition Logistics, Inc. ("TWI"), located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7 (Business Number 129144481RM0001), 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. Such business may include, but is not limited to, the following:

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;
2. The transportation, warehousing, and distribution of such goods;
3. Accessing Business Number import/export account(s) information.

In signing this form, I grant TWI full power and authority to appoint a sub-agent, where required, and to transact business at the customs office(s) located in all CBSA offices in Canada on our behalf.

This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below:

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 Identification:

Event Name:

Facility Name:

Event Date/s:

Booth #:

Shipment Date:

From (City, State):

Carrier Name:

It Consists Of (# of Cartons, etc.):

Weight:

☐ lbs

☐ kgs

Rep At The Event:

E-mail:

Cell:

**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:

Tel:

Cell:

E-mail:

Fax:

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:

Tel:

Fax:

E-mail:

## SECTION 5

## ORDER AUTHORIZATION

This order is placed with the specific understanding that we are engaging GES, powered by TWI, as our agent. TWI performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at <http://www.twiglobal.com/twicancustomsterms.pdf>. The foregoing terms, respectively, limit the liability of TWI and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under TWI's "Trading Conditions Applicable to Customs Services", the liability of TWI - however founded - for any and all services performed is agreed to hereby be limited to CAD 1000 (One Thousand Canadian Dollars) per transaction or occurrence, whichever is least, and in no event shall TWI be liable for any indirect or consequential damages including but not limited to any loss of profit.

This form was completed by (Please print full name):

Title:

Signature:

Date:

**ORIGINAL SIGNATURE REQUIRED**



CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

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1 Vendor (Name and Address) /Vendeur (Nom et Adresse)		2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada		
4 Consignee (Name and Address) /Destinataire (Nom et Adresse)		3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)		
		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 Transhipment / Pays de transbordement N/A		
		7 Country of Origin of Goods Pays d'origine des marchandises		If shipment includes goods of different origins, enter origins against items in field 12. Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.
		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.) No sale involved		
VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?  YES <input type="checkbox"/> OUI NO <input checked="" type="checkbox"/> NON		10 Currency of Settlement / Devises du paiement		
8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada				
11 No. of Pkgs. Nbre. De Coils	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)	Replacement Value Valeur de Remplacement	
			14 Unit Price Prix Unitaire	15 Total
XI.1 Total Number of Pieces / Nombre total de pièces				
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 _____ <input type="checkbox"/>		16 Total Weight / Poids total		17 Invoice Total Total de la facture
		Net N/A	Gross / Brut	
19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)  Name:  Tel:  Fax:		20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse)  Name:  Tel:  Fax:		
21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/A		22 If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cocher cette case <input checked="" type="checkbox"/>		
23	24	25		

## CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

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<b>1 Vendor (Name and Address) / Vendeur (Nom et Adresse)</b> ABC MACHINE COMPANY 100-5 <sup>TH</sup> AVENUE NEW YORK, NY 10012-1010		<b>2 Date of Direct Shipment to Canada</b> Date d'expédition directe vers le Canada MARCH 3, 2001 <b>3 Other References (Include Purchaser's Order No.)</b> Autres références (inclure le no de commande de l'acheteur) 31-2293941 (COMPANY IRS#)	
<b>4 Consignee (Name and Address) / Destinataire (Nom et Adresse)</b> ABC MACHINE COMPANY / BOOTH 210 INTERNATIONAL MACHINERY SHOW C/O METRO TORONTO CONVENTION CENTRE SOUTH BLDG 222 BREMMER BLVD TORONTO, ON M5V 2E6		<b>5 Purchaser's Name and Address (if other than Consignee)</b> Nom et Adresse de l'acheteur (s'il diffère du destinataire) NO SALE INVOLVED	
		<b>6 Country of Transshipment / Pays de transbordement</b> N/A	
		<b>7 Country of Origin of Goods</b> 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
<b>VII. 1 Is this a related company transaction?</b> Est-ce que les compagnies sont liées entre elles? Y ES <input type="checkbox"/> OUI NO <input type="checkbox"/> NON		<b>9 Condition of Sales and Terms of Payment</b> (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalités de paiement (p. Ex. Vente, Expedition en consignment, location de marchandises, etc.)	
<b>8 Transportation: Give Mode and Place of Direct Shipment to Canada</b> Transport: Préciser mode et lieu d'expédition directe vers le Canada GES LOGISTICS NEW YORK, NY		<b>10 Currency of Settlement / Devises du paiement</b> USD	
<b>11. No. of Pkgs. Nbre. de colis</b>	<b>12 Specification of Commodities (Kind of Packages) Marks and Numbers, General Description and Characteristics i.e. Grade Quality</b> Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité)	<b>13 Quantity (State Unit) Quantité (Préciser l'unité)</b>	<b>Relacement Value Valeur de Remplacement</b>
			<b>14 Unit Price Prix Unitaire</b>
			<b>15 Total</b>
3 PCS	WOODEN CRATES-COMPUTERS (CERTIFICATE OF REGISTRATION ATTACHED)	3	\$1,000.00
1 PC	CRATE-COMPUTER MONITOR (CERTIFICATE OF REGISTRATION ATTACHED)	1	\$ 500.00
1 PC	CARTON-ADVERTISING LITERATURE	1,000	\$ 0.10
1 PC	CARTON-PLASTIC KEY CHAINS / BOOKS	50	\$ 0.50
<b>XI.1 Total Number of Pieces / Nombre total de pièces 6</b>			
<b>18</b> <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 Commercial Invoice No. / No. De la facture commerciale		<b>16. Total Weight / Poids total</b> 1,500bs. <input checked="" type="checkbox"/> kgs. Net. Weight N/A Gross Wt./ Brut 1,500 lbs	
<b>19 Exporter's Name and Address (if other than Vendor)</b> Nom et adresse de l'exportateur (s'il diffère du vendeur)		<b>20 Originator (Name and Address)</b> Expéditeur d'origine (Nom et adresse) ABC MACHINE COMPANY 100-5 <sup>TH</sup> AVENUE NEW YORK, NY 10012-1010 Contact: BILL SMITH Tel: 212-268-2140 Fax: 212-268-2511	
<b>21 Departmental Ruling (if applicable)</b> Decision ministérielle (s'il y a lieu) N/A			