

Please complete, print, sign and return completed forms to order@nalsi.com

			<b>C</b>	e ID#		
			<b>FB#</b>			
)R	DER FORM: Customs Brokerage & Transportation Se	ervices				
	wish to use North American Logistics Services for: (Please check one)					
vvc v	☐ Customs Clearance & Transportation ☐ Customs Clearance Only	☐ Tra	nsportation Only			
~	*		insportation only			
	tion 1 - Exhibitor and Event Information ***Company name or facility name***					
Pick Up Address	Location Name:		Pickup Date:		Time:	
	Address:	City:		Prov./State:	Postal/Zip:	
	Contact: Phone #:  ***Applicable only if pickup is from a tradeshow***	Email:		US Tax #	E/EIN:	
Pic	Exhibitor Name: Event Name:		Event Date(s):		Booth #:	
S	***Company name or facility name***					
Delivery Address	Location Name:		Delivery Date:		Time:	
	Address:	City:		Prov./State:	Postal/Zip:	
Ver	Contact: Phone #:  ***Applicable only if delivering to a tradeshow***	Email:		US Tax #	Ł/EIN:	
	Exhibitor Name: Event Name:		Event Date(s):		Booth #:	
Г	Return freight same as pickup address If same, only complete pickup date/time information	Return	services not require	d		
Return Freight	***Company name or facility name***			<u>-</u>	T:	
	Location Name:	City	Pickup Date:	Prov./State:	Time:	
	Address:  Contact: Phone #:	<u>City:</u> Email:		US Tax #	Postal/Zip:	
Retu	Contact: Phone #:  ***Applicable only if delivering to another tradeshow***  Exhibitor Name: Event Name:	Elliali.	Event Date(s):	US Tax #	Booth #:	
	Exhibitor Name.		Event Date(s).		Βοσιπ π.	
Sec	tion 2 - Carrier/ Shipment Information					
Nam	ne of carrier providing transportation services  NALSI  Other					
	Number of Pieces Dimension		(inches)		Weight (LBS)	
Cart	on/Boxes L W		Н			
Crat	es/Fiber Case L W		Н			
Skid	/Pallet L W		Н			
Carp	pet/Other L W		Н			
			- 11			
<u>гот</u>	ΓAL		11			
	ΓAL    Itional Services: □ Lift Gate □ Inside Pick Up/Delivery					
<b>Add</b> 53ft	Italianal Services: ☐ Lift Gate ☐ Inside Pick Up/Delivery trailer accessible? Pickup: ☐ Yes ☐ No Delivery: ☐ Yes ☐ No Load		ilable? Pickup: □	Yes □No Delive	ry: □Yes□No	
<b>Add</b> 53ft	ΓAL    Itional Services: □ Lift Gate □ Inside Pick Up/Delivery	****		Yes□No Delive	ery: □Yes□No	
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Add 53ft Do y Car	TAL  litional Services: ☐ Lift Gate ☐ Inside Pick Up/Delivery  trailer accessible? Pickup: ☐ Yes ☐ No Delivery: ☐ Yes ☐ No Loac  you require additional Insurance? ☐ Yes ☐ No Declared Va  go Insurance (only to be completed when using NALSI Transportation) **Please note additional fee's will a	Value: ***for insura	ilable? Pickup:	Yes⊡No Delive	ery: □Yes□No	
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Please complete, print, sign and return completed forms to

Toronto/Head OfficeMontreal/Eastern RegionCalgary/Prairie RegionVancouver/Western RegionTel: 905.951.1612Tel: 514.868.6650Tel: 403.851.1152Tel: 778.328.2841