

Quote ID# \_\_\_\_\_

FB# \_\_\_\_\_

## ORDER FORM: Customs Brokerage & Transportation Services

We wish to use North American Logistics Services for: (Please check one)

☐ Customs Clearance & Transportation ☐ Customs Clearance Only ☐ Transportation Only

### Section 1 - Exhibitor and Event Information

|                 |                                     |              |                          |
|-----------------|-------------------------------------|--------------|--------------------------|
| Pick Up Address | ***Company name or facility name*** |              |                          |
|                 | Location Name:                      | Pickup Date: | Time:                    |
|                 | Address:                            | City:        | Prov./State: Postal/Zip: |
|                 | Contact:                            | Phone #:     | Email: US Tax #/EIN:     |
|                 | Exhibitor Name:                     | Event Name:  | Event Date(s): Booth #:  |

|                  |                                     |                |                          |
|------------------|-------------------------------------|----------------|--------------------------|
| Delivery Address | ***Company name or facility name*** |                |                          |
|                  | Location Name:                      | Delivery Date: | Time:                    |
|                  | Address:                            | City:          | Prov./State: Postal/Zip: |
|                  | Contact:                            | Phone #:       | Email: US Tax #/EIN:     |
|                  | Exhibitor Name:                     | Event Name:    | Event Date(s): Booth #:  |

☐ Return freight same as pickup address If same, only complete pickup date/time information ☐ Return services not required

|                |                                     |              |                          |
|----------------|-------------------------------------|--------------|--------------------------|
| Return Freight | ***Company name or facility name*** |              |                          |
|                | Location Name:                      | Pickup Date: | Time:                    |
|                | Address:                            | City:        | Prov./State: Postal/Zip: |
|                | Contact:                            | Phone #:     | Email: US Tax #/EIN:     |
|                | Exhibitor Name:                     | Event Name:  | Event Date(s): Booth #:  |

### Section 2 - Carrier/ Shipment Information

| Name of carrier providing transportation services <input type="checkbox"/> NALSI <input type="checkbox"/> Other  |                     |   |   |              |
|--|---------------------|---|---|--------------|
| Number of Pieces   | Dimensions (inches) |   |   | Weight (LBS) |
| Carton/Boxes   | L                   | W | H |              |
| Crates/Fiber Case  | L                   | W | H |              |
| Skid/Pallet  | L                   | W | H |              |
| Carpet/Other   | L                   | W | H |              |
| <b>TOTAL</b>   |                     |   |   |              |
| Additional Services: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery   |                     |   |   |              |
| 53ft trailer accessible? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Loading dock available? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No |                     |   |   |              |
| Do you require additional Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Declared Value: <small>***for insurance purposes only***</small>   |                     |   |   |              |
| <b>Cargo Insurance</b> (only to be completed when using NALSI Transportation) **Please note additional fee's will apply for insurance coverage**   |                     |   |   |              |

### Section 3 - Terms of Payment and Security Deposit (Must be completed)

|               |                          |                        |
|---------------|--------------------------|------------------------|
| Send Bill To: | Company Name:            | Address:               |
|               | Address:                 | Email: City:           |
|               | Prov./State: Postal/Zip: | Contact Name: Phone #: |

Invoices are processed electronically and transmitted to email provided.

|   |   |
|---|---|
| Charge to:  | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express |
| Cardholder Name:  | Card Account #: Expiry Date: CVC #:   |
| Cardholder's Signature:   | Email: I hereby authorize the use of this credit card for payment of services related to this order form.   |
| <input type="checkbox"/> OPTION #1 Process payment automatically on credit card provided. A 5%administration fee will be added to invoices paid by credit card.   |   |
| <input type="checkbox"/> OPTION #2 Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5%administration fee will be added to invoices paid by credit card. |   |

Please complete, print, sign and return completed forms to

**Toronto/Head Office**  
Tel: 905.951.1612

**Montreal/Eastern Region**  
Tel: 514.868.6650

**Calgary/Prairie Region**  
Tel: 403.851.1152

**Vancouver/Western Region**  
Tel: 778.328.2841