



DAVIDSON & SONS

CUSTOMS BROKERS LTD

EVENT LOGISTICS SERVICES

www.davidsonandsons.com



OFFICIAL SUPPLIER



DAVIDSON & SONS
CUSTOMS BROKERS LTD
EVENT LOGISTICS SERVICES

CUSTOMS CLEARANCE SERVICES



DAVIDSON & SONS (D&S) CUSTOMS AND EVENT LOGISTICS has been appointed the **OFFICIAL CUSTOMS BROKER** for the **CASCA/AAA Annual Meeting** taking place at the **Vancouver Convention Centre** over the dates of **November 20-24, 2019**. The D&S Event Logistics team will be pleased to assist you with your round-trip customs brokerage requirements to guarantee your materials arrive at the event on time. Our team will also be available to assist you on-site at the Vancouver Convention Centre throughout the event, making your return shipping easy as well.

The conference has been officially registered with the **Canada Border Services Agency (CBSA) International Events & Convention Services Program (IECSP)** so special duty & tax-free importation privileges and the unique **"Border-to-Show"** service have been granted for the show. **D&S is the authorized customs broker** to customs clear all exhibit and display materials into Canada inside the exhibit hall at the Vancouver Convention Centre.

For exhibitors arriving in Vancouver by plane or driving their own private vehicle with exhibit materials, please notify D&S a minimum of 2 weeks prior to your arrival so the necessary documentation can be prepared for your arrival.

For your convenience please refer to this manual for the required forms, and for personalized service please contact:

D&S CUSTOMS AND EVENT LOGISTICS

Phone: 604-681-5132
E-mail: events@davidsonandsons.com
Fax: 604-681-2601

Customs Clearance Services Order Form

Please accept this as authority for Davidson and Sons Customs Brokers LTD., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, 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 Davidson and Sons Customs Brokers LTD., 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 Davidson and Sons Customs Brokers LTD., full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

☐ Continuous Authority granted

Show/Event Name: NAME OF THE EVENT/ SHOW YOU ARE ATTENDING	Show/Event Dates: DATES THE SHOW/EVENT IS BEING HELD
Services Required (please check one):	
<input type="checkbox"/>	<input type="checkbox"/> Customs Clearance Only

Shipper Info.	Company Name: ABC COMPANY
	IRS #: 12-3456789
	Address: 123 SOMEPLACE AVENUE SUITE 123
	City: NEW YORK State/Prov: NY Zip/Post: 10000
	Contact Name: JOHN SMITH Tel: 555-555-1234
	E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321

Delivery Info.	Company Name: ABC COMPANY Booth #: 100
	Facility Name: SHOW/EVENT VENUE NAME
	Address: VENUE ADDRESS
	City: VANCOUVER State/Prov: BC Zip/Post: V0C 0X0
	On-site Contact: JANE DOE Cell: 555-555-9999
	E-mail: JDOE@ABCCOMPANY.COM

Return Freight Info.	<input checked="" type="checkbox"/> Same as Shipper
	Company Name: ABC COMPANY
	IRS #: 12-3456789
	Address: 123 SOMEPLACE AVENUE SUITE 123
	City: NEW YORK State/Prov: NY Zip/Post: 10000
	Contact Name: JOHN SMITH Tel: 555-555-1234
E-Mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321	

Billing Info.	<input checked="" type="checkbox"/> Same as Shipper
	Company Name: ABC COMPANY
	Importer # (if applicable):
	Address: 123 SOMEPLACE AVENUE SUITE 123
	City: NEW YORK State/Prov: NY Zip/Post: 10000
	Contact Name: JOHN SMITH Tel: 555-555-1234
E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321	

Terms of Payment and Security Deposit – MUST BE COMPLETED		
Payment Info.	Charge to: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
	Cardholder Name: JOHN SMITH Title: CFO	
	Credit Card Number: 1234 5678 9123 4567 Expiry Date: 01/19 CVC: 123	
	I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00).	
	Cardholder Signature: <i>John Smith</i> Date: DD/MM/YYYY	

Shipment Info.	Carrier Name (if not using DS): NAME OF TRANSPORTATION COMPANY		Carrier Contact Name: TRANSPORTATION COMPANY CONTACT PERSON					
	Carrier Contact Tel: TRANSPORTATION COMPANY PHONE #		Carrier Contact E-mail: TRANSPORTATION COMPANY E-MAIL ADDRESS					
	Pick-up Date: DATE TRANSPORTATION COMPANY WILL PICK - UP FREIGHT		Hours of Operation: HOURS THAT YOUR COMPANY IS OPEN FOR PICK-UP					
	Delivery Date: DATE THAT THE FREIGHT NEEDS TO BE DELIVERED		Delivery Time/Window: MUST BE DELIVERED BETWEEN.. (TIMES)					
	# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	@ Weight (lbs) Each	Per Piece	Total
	2	BOXES	23	23	48	@ Weight (lbs) Each	56	112
	1	SKID	48	48	48	@ Weight (lbs) Each	400	400
						@ Weight (lbs) Each		
						@ Weight (lbs) Each		
	3	Total					Total Weight:	512

Terms & Conditions	
This order is placed with the specific understanding that we hereby release Davidson and Sons LTD. 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) Davidson and Sons LTD. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Davidson and Sons LTD. 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) Davidson and Sons LTD. 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) Davidson and Sons LTD. 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 of this contract.	
Signature: <i>John Smith</i>	
Name: JOHN SMITH	
Title: CFO	
Date: MM/DD/YYYY	

Accepted by Davidson & Sons Customs Brokers LTD.	
Signature:	
Name:	
Title:	
Date:	



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Please accept this as authority for Davidson and Sons Customs Brokers LTD., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, 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 Davidson and Sons Customs Brokers LTD., 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 Davidson and Sons Customs Brokers LTD., full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

☐ Continuous Authority granted

Show/Event Name:	Show/Event Dates:
Services Required (please check one):	
Customs Clearance Only	

Shipper Info. Company Name: _____ IRS #: _____ Address: _____ _____ City: _____ State/Prov: _____ Zip/Post: _____ Contact Name: _____ Tel: _____ E-mail: _____ Fax: _____	Delivery Info. Company Name: _____ Booth #: _____ Facility Name: _____ Address: _____ _____ City: _____ State/Prov: _____ Zip/Post: _____ On-site Contact: _____ Cell: _____ E-mail: _____
Return Freight Info. <input type="checkbox"/> Same as Shipper Company Name: _____ IRS #: _____ Address: _____ _____ City: _____ State/Prov: _____ Zip/Post: _____ Contact Name: _____ Tel: _____ E-Mail: _____ Fax: _____	Billing Info. <input type="checkbox"/> Same as Shipper Company Name: _____ Importer # (if applicable): _____ Address: _____ _____ City: _____ State/Prov: _____ Zip/Post: _____ Contact Name: _____ Tel: _____ E-mail: _____ Fax: _____

Payment Info. Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Cardholder Name: _____ Title: _____ Credit Card Number: _____ Expiry Date: _____ CVC: _____ I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00). Cardholder Signature: _____ Date: _____

Carrier Name (if not using DS): _____ Carrier Contact Tel: _____ Pick-up Date: _____ Delivery Date: _____	Carrier Contact Name: _____ Carrier Contact E-mail: _____ Hours of Operation: _____ Delivery Time/Window: _____																																																								
Shipment Info. <table border="1" style="width:100%"> <thead> <tr> <th># of Pieces</th> <th>Type of Pieces (Box/Crate/Skid, etc.)</th> <th>Length</th> <th>Width</th> <th>Height</th> <th>@ Weight (lbs) Each</th> <th>Per Piece</th> <th>Total</th> </tr> </thead> <tbody> <tr><td> </td><td>@ Dimensions (Inches) Each</td><td> </td><td> </td><td> </td><td>@ Weight (lbs) Each</td><td> </td><td> </td></tr> <tr><td> </td><td>@ Dimensions (Inches) Each</td><td> </td><td> </td><td> </td><td>@ Weight (lbs) Each</td><td> </td><td> </td></tr> <tr><td> </td><td>@ Dimensions (Inches) Each</td><td> </td><td> </td><td> </td><td>@ Weight (lbs) Each</td><td> </td><td> </td></tr> <tr><td> </td><td>@ Dimensions (Inches) Each</td><td> </td><td> </td><td> </td><td>@ Weight (lbs) Each</td><td> </td><td> </td></tr> <tr><td> </td><td>@ Dimensions (Inches) Each</td><td> </td><td> </td><td> </td><td>@ Weight (lbs) Each</td><td> </td><td> </td></tr> <tr> <td colspan="6" style="text-align: right;">Total Weight:</td> <td> </td> <td> </td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	# of Pieces	Type 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 Weight:								<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>
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Client Signature I have read and agree to the terms of this contract. _____ Signature: _____ Name: _____ Title: _____ Date: _____	Accepted by Davidson & Sons Customs Brokers LTD. _____ Signature: _____ Name: _____ Title: _____ Date: _____
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CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

1. Shipper / Vendor (name and address) - Vendeur (nom et adresse) ABC Distributing Company 125 Elm Street New York, NY 66666-6666		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada 10/3/2019		
		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur) 10-9999999		
4. Receiver / Consignee (name and address) - Destinataire (nom et adresse) ABC Distributing Company / Booth # 234 American AAA/CASCA Annual Meeting c/o Vancouver Convention Centre 1055 Canada Place Vancouver, BC V6C 0C3		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 transshipment - Pays de transbordement N/A		
		7. Country of origin of goods Pays d'origine des marchandises Various - See Below		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.
8. Transportation: Give carrier, mode, and tracking information for shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada **Example** Carrier: YRC / LTL Ground Freight / Bill of Lading # ABC12345 or Carrier: FedEx / Int'l. Priority / Tracking # 4259 6986 2257		9. Conditions of sale 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		
		10. Currency of settlement - Devises du paiement USD		
11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	Selling price - Prix de vente	
			14. Unit price Prix unitaire	15. Total
2 pcs	Wooden Crates - Display Booth (backwalls, lights, graphics, carpets) - USA	1	\$5,000.00	\$5,000.00
2 pcs	Cartons - Advertising Brochures / Catalogs / Technical Literature - USA	1000	\$0.10	\$100.00
1 pc	Carton - Plastic Key Chains - CHINA	50	\$0.50	\$25.00
1 pc	Carton - Books - USA	50	\$1.00	\$50.00
3 pcs	Cases - Computers - CHINA	3	\$1,000.00	\$3,000.00
2 pcs	Cases - Computer Monitors - JAPAN	2	\$500.00	\$1,000.00
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>		16. Total weight - Poids total Net N/A		17. Invoice total Total de la facture \$9,175.00
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse) ABC Distributing Company 125 Elm Street New York, NY 66666-6666		
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input checked="" type="checkbox"/>		
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada (iii) Export packing Le coût de l'emballage d'exportation		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour achat (iii) Export packing Le coût de l'emballage d'exportation		25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/> (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>

Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.



CANADA CUSTOMS INVOICE
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1. Shipper / Vendor (name and address) - Vendeur (nom et adresse)		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada	
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4. Receiver / Consignee (name and address) - Destinataire (nom et adresse)		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire)	
		6. Country of transshipment - Pays de transbordement	
		7. Country of origin of goods Pays d'origine des marchandises	IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada		9. Conditions of sale 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.)	
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			15. Total
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale		16. Total weight - Poids total Net Gross - Brut	
		17. Invoice total Total de la facture	
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse)	
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