



Customs & Transportation Services Order Form

Please accept this as authority for Davidson & 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 & 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 & 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):			
<input type="checkbox"/> Customs Clearance and Transportation	<input type="checkbox"/> Customs Clearance Only	<input type="checkbox"/> Transportation Only	<input type="checkbox"/> Advance Warehouse

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:	

Terms of Payment and Security Deposit – MUST BE COMPLETED				
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:		

Shipment Info.	Carrier Name (if not using DS):	Carrier Contact Name:
	Carrier Contact Tel:	Carrier Contact E-mail:
	Pick-up Date:	Hours of Operation:
	Delivery Date:	Delivery Time/Window:

# 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						Total Weight:	

Requested Service Level:	<input type="checkbox"/> Air	<input type="checkbox"/> 2 nd Day	<input type="checkbox"/> Truck	<input type="checkbox"/> Other: _____
Additional Services Required:	<input type="checkbox"/> Lift Gate	<input type="checkbox"/> Inside Pick Up/Delivery	<input type="checkbox"/> Weekend Pick Up/Delivery	

Cargo Insurance / Declared Value
 This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than \$50.00 per shipment UNLESS additional Cargo Insurance has been arranged with Davidson & Sons Ltd. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson & Sons Ltd. for more information on Cargo Insurance.

Terms & Conditions
 This order is placed with the specific understanding that we hereby release Davidson & 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 & Sons Ltd. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Davidson & 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 & 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 & 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:	
Name:	
Title:	
Date:	

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

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In signing this form, I grant Davidson & 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):
 Customs Clearance and Transportation Customs Clearance Only Transportation Only Advance Warehouse

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. 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. 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: Visa MasterCard 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: *John Smith* Date: DD/MM/YYYY

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.)	@ Dimensions (Inches) Each	Length	Width	Height	@ Weight (lbs) Each	Per Piece	Total
2	BOXES	@ Dimensions (Inches) Each	23	23	48	@ Weight (lbs) Each	56	112
1	SKID	@ Dimensions (Inches) Each	48	48	48	@ Weight (lbs) Each	400	400
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
3	Total						Total Weight:	512

Requested Service Level: Air 2nd Day Truck Other: _____
 Additional Services Required: Lift Gate Inside Pick Up/Delivery Weekend Pick Up/Delivery

Cargo Insurance / Declared Value
 This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than \$50.00 per shipment UNLESS additional Cargo Insurance has been arranged with Davidson & Sons Ltd. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson & Sons Ltd. for more information on Cargo Insurance.

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Client Signature
 I have read and agree to the terms of this contract.
 Signature: *John Smith*
 Name: JOHN SMITH
 Title: CFO
 Date: MM/DD/YYYY

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