

Customs & Transportation Services Order Form



Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 5225 Orbitor Drive, Unit 12, Mississauga, ON L4W 4Y8; business number 709076475RM0001, 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 Trading Conditions applicable to Customs Services of Cross Connect Customs and Event Logistics Inc., attached hereto. Such business may include, but is 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 Cross Connect, 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

CROSSCONNECT
 CUSTOMS & EVENT LOGISTICS
 Tel: 416-639-2176
 E-mail: info@crossconnectcl.com

Services Required (please check all that apply):

Transportation Customs Clearance Advance Warehouse

Event & Exhibitor

Shipment Delivering to (please check one): Direct to Event/Show Site Advance Warehouse

Exhibitor Name: Booth #:
 Event Name: Event Dates: to
 Facility/Venue Name:
 Facility/Venue Address:
 City: State/Province: Zip/Postal Code:
 On-site Contact: Cell #:
 E-mail: Importer # (if applicable):

Shipper

Company Name: IRS #:
 Address: State/Province: Zip/Postal Code:
 City: State/Province: Zip/Postal Code:
 Contact Name: Tel:
 E-mail:

Return Freight

Same as Shipper No Return Shipment

Company Name: IRS / Importer #:
 Address: State/Province: Zip/Postal Code:
 City: State/Province: Zip/Postal Code:
 Contact Name: Tel:
 E-mail:

Billing

Same as Shipper

Company Name (Legal): GST/HST# (if applicable):
 Address: State/Province: Zip/Postal Code:
 City: State/Province: Zip/Postal Code:
 Contact Name: Tel:
 E-mail:

MUST BE COMPLETED

Payment

Charge to: Visa MasterCard American Express

Cardholder Name: CVV Number:
 Credit Card Number: Expiry Date:
 I authorize use of this card for payment of services relative to this form. I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD).
 Cardholder Signature: Date:

# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	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	

Shipment / Freight

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

Total Shipment Value: Carrier Name & Contact Info:
 Available for Pick-up Date: Shipper Hours of Operation: to Must Deliver By:

Cargo Insurance / Declared Value

This shipment is subject to basic liability of the carrier or other vendors engaged, which is limited by default under applicable contract and/or law. No greater value for liability will be declared with any vendor absent written instruction by the client and written confirmation by Cross Connect. Rather than attempt to recover under liability terms, Cross Connect offers the client the opportunity to include shipments under a first party cargo insurance program which will provide protections pursuant to policy terms and conditions; a copy of the insurance policy will be provided upon request. Please contact Cross Connect for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from Cross Connect.

Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent. Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Customs_STC.pdf. Cross Connect performs its transportation services in the role of agent pursuant to its "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under Cross Connect's "Trading Conditions Applicable to Customs Services" and "Standard Trading Conditions", the liability of Cross Connect - 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 Cross Connect be liable for any indirect or consequential damages including but not limited to any loss of profit.

The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws.

Client Signature (wet ink signature required - digital signature NOT allowed)

I have read and agree to the terms of this contract.

Signature: Date:
 Printed Name: Title:

Cross Connect Internal Use Only

Accepted by:
 Date:
 Signature:

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Continuous Authority granted

CROSSCONNECT
CUSTOMS & EVENT LOGISTICS
 Tel: 416-639-2176
 E-mail: info@crossconnectcl.com

Services Required (please check all that apply):

Transportation Customs Clearance Advance Warehouse

Event & Exhibitor

Shipment Delivering to (please check one): Direct to Event/Show Site Advance Warehouse

Exhibitor Name: ABC COMPANY Booth #: 1001

Event Name: NAME OF THE SHOW / EVENT YOU ARE ATTENDING Event Dates: 05-Jul-21 to 07-Jul-21

Facility/Venue Name: NAME OF CONVENTION CENTRE / HOTEL / VENUE WHERE THE EVENT IS BEING HELD

Facility/Venue Address: ADDRESS OF THE CONVENTION CENTRE / HOTEL / VENUE WHERE THE EVENT IS BEING HELD

City: TORONTO State/Province: ON Zip/Postal Code: MOX X0X

On-site Contact: JOHN SMITH Cell #: 555-555-0000

E-mail: JSMITH@DOMAIN.COM Importer # (if applicable): 123456789RM0001

Shipper

Company Name: ABC COMPANY IRS #: 12-3456789

Address: 123 SOMEPLACE AVENUE, SUITE 3

City: NEW YORK State/Province: NY Zip/Postal Code: 10093

Contact Name: JOHN SMITH Tel: 555-555-0000

E-mail: JSMITH@DOMAIN.COM

Return Freight

Same as Shipper No Return Shipment

Company Name: ABC COMPANY IRS / Importer #: 12-3456789

Address: 123 SOMEPLACE AVENUE, SUITE 3

City: NEW YORK State/Province: NY Zip/Postal Code: 10093

Contact Name: JOHN SMITH Tel: 555-555-0000

E-mail: JSMITH@DOMAIN.COM

Billing

Same as Shipper

Company Name: ABC COMPANY GST/HST# (if applicable): 123456789RM0001

Address: 123 SOMEPLACE AVENUE, SUITE 3

City: NEW YORK State/Province: NY Zip/Postal Code: 10093

Contact Name: JANE DOE, ACCOUNTS PAYABLE Tel: 555-555-0001

E-mail: JDOE@DOMAIN.COM

MUST BE COMPLETED

Payment

Charge to: Visa MasterCard American Express

Cardholder Name: JOHN SMITH CVV Number: 123

Credit Card Number: 1234 5678 9123 4567 Expiry Date: 11/24

I authorize use of this card for payment of services relative to this form. I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD).

Cardholder Signature: *John Smith* Date: 10-Jun-21

Shipment / Freight

# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	Per Piece	Total
2	SKIDS @ Dimensions (Inches) Each	48	48	48	@ Weight (lbs) Each	800
1	CRATE @ Dimensions (Inches) Each	41	52	50	@ Weight (lbs) Each	1,000
	@ Dimensions (Inches) Each				@ Weight (lbs) Each	
	@ Dimensions (Inches) Each				@ Weight (lbs) Each	
3	@ Dimensions (Inches) Each				@ Weight (lbs) Each	1,800

Requested Service Level: Air 2nd Day Truck Other: _____

Additional Services Required: Lift Gate Inside Pick-up Inside Delivery Weekend Pick-up Weekend Delivery

Total Shipment Value: \$ 10,000.00 Carrier Name & Contact Info: IF USING CARRIER OTHER THAN CROSS CONNECT, PROVIDE INFO.

Available for Pick-up Date: 15-Jun-21 Shipper Hours of Operation: 8:00 am to 4:00 pm Must Deliver By: 30-Jun-21 @ 4:00 pm

Cargo Insurance / Declared Value

This shipment is subject to basic liability of the carrier or other vendors engaged, which is limited by default under applicable contract and/or law. No greater value for liability will be declared with any vendor absent written instruction by the client and written confirmation by Cross Connect. Rather than attempt to recover under liability terms, Cross Connect offers the client the opportunity to include shipments under a first party cargo insurance program which will provide protections pursuant to policy terms and conditions; a copy of the insurance policy will be provided upon request. Please contact Cross Connect for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from Cross Connect.

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The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws.

Client Signature

I have read and agree to the terms of this contract.

Signature: *John Smith* Date: 10-Jun-21

Printed Name: JOHN SMITH Title: CEO

Cross Connect Internal Use Only

Accepted by: _____

Date: _____

Signature: _____