



CROSSCONNECT
CUSTOMS & EVENT LOGISTICS

!!! ATTENTION !!!

The Customs & Transportation Services Order Form is a legally required document. It must be completed and signed by the importer/owner before Customs Brokerage or Transportation Services are provided. When completing the form, please pay close attention to the following:

- **Wet (ink on paper) signatures are required.** Digital or Font-based signatures are not allowed.
- Company names must be the full/complete LEGAL business name, as registered with the Government in the country of operation.
- IRS#/U.S. Tax ID/EIN must be provided for all U.S. companies. Please attach a copy of the company W-9.
- GST/HST# must be provided for all Canadian companies.

E-MAIL: INFO@CROSSCONNECTCL.COM
TEL: 416-639-2176
WEBSITE: WWW.CROSSCONNECTCL.COM

Customs & Transportation Services Order Form

Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 8001 Weston Road, Unit 2, Woodbridge, ON L4L 9C8; business number 709076475RM0002, a Customs Broker licensed under the Customs Act, to act as my true and lawful agent and 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. Assist to set up Client's CARM business account, and/or manage and administer Client's CARM account;
2. 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;
3. The transportation, warehousing, and distribution of such goods; and
4. Undertake, facilitate, assist with and/or perform such other business, tasks, duties, powers and authorities for which Client provides written instructions to Cross Connect at any time and from time to time.

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

THIS FORM MUST BE COMPLETED & SIGNED BY THE CLIENT* (OWNER/IMPORTER).

For events (i.e. trade shows, conventions, etc.) where there is "no sale involved", the Transactional Owner of the Goods must complete this form

Services Required (please check all that apply):

☐ Customs Clearance ☐ Transportation ☐ 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:	U.S. IRS # (if applicable):	
	Facility/Venue Address:		
	City:	State/Province:	Zip/Postal Code:
	Country:	On-site Contact:	Cell #:
	E-mail:		

Client* (Owner/Importer)	Legal Business / Entity Name (as registered/shown on your income tax return):		
	Does this company have a Canadian Office? ☐ Yes ☐ No Company headquarters located in Canada? ☐ Yes ☐ No		
	Legal Address (as registered):		
	City:	State/Province:	Zip/Postal Code:
	Country:	Importer/GST# (if applicable):	U.S. IRS# (if applicable):
	Officer Name (Owner, Partner, Director or Signing Officer):		
	E-mail:	Tel:	
	Contact Name (if different from above):	Tel:	
E-Mail:			

Shipper	☐ Same as Client		
	Company Name:	U.S. IRS #:	
	Address:		
	City:	State/Province:	Zip/Postal Code:
	Country:	Contact Name:	Tel:
	E-mail:		

Return Freight	☐ No Return Shipment ☐ Same as Shipper ☐ Same as Client		
	Company Name:	IRS/Importer #:	
	Address:		
	City:	State/Province:	Zip/Postal Code:
	Country:	Contact Name:	Tel:
	E-mail:		

PLEASE SEE ADDITIONAL PAGES FOR BILLING, PAYMENT, TRANSPORTATION & ADVANCE WAREHOUSING

Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent pursuant to this General Agency Agreement/Power of Attorney ("GAA"). Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" ("CTC") as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/POST-CARM-CUSTOMS-STC.pdf>. Cross Connect performs its transportation services in the role of agent pursuant to its "Transportation Trading Conditions" ("TTC"), as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/STC-TRANSPORTATION-POST-CARM.pdf>. The parties hereby irrevocably and unconditionally attorn to the jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits.

Notwithstanding any (a) other provision of this GAA, (b) provision of the CTC or TTC, or (c) delegation of authority in CARM, including to manage Client's CARM business account, in any circumstances howsoever and whenever arising, and regardless of whether The Company uses its own business number or Client's business number for importation/exportation, and regardless of who any Government Authority identifies as the importer, owner, or importer of record for any shipment, and regardless of any liability assessed by any Government Authority: Client expressly acknowledges and agrees that: (a) The Company shall not be liable for any error in judgment or for anything which it may do or refrain from doing or for any resulting direct, indirect, consequential, punitive or exemplary damage or loss caused by any act or omission, or the negligence of The Company or by an act of God or other act or cause beyond the reasonable control of The Company, even if The Company has been advised of the possibility of such damage or loss; and (b) The Company shall not be liable for any failure to provide the services which is a result of the operation of the applicable laws of Canada or any other country or a change in the policies of Canada Customs.

In the event of a breach or other failure by The Company to perform its obligations for which The Company is held liable, including, but not limited to, acts or omissions of The Company employees, agents and representatives providing services, the Client's sole remedy hereunder, whether in contract, tort or otherwise, shall, in any and all events, be limited to termination hereof and damages not to exceed CAD 1000 (One Thousand Canadian Dollars).

In no event shall The Company's obligation or liability hereunder extend to direct, indirect, punitive, special, incidental and consequential damages or losses the Client may suffer or incur in connection herewith, such as, but not limited to, loss of revenue or profits, damages or losses as a result of the Client's inability to fulfill obligations to third parties, injury to good will, claims of customers and the like, even if The Company has been advised or is otherwise aware of the possibility thereof, nor shall it extend to damages or losses the Client may suffer or incur as a result of claims, suits or other proceeding made or instituted against the Client by third parties.

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 (Importer/Owner) Signature

NOTE: Wet ink signature required – Digital signature NOT allowed

I have read and agree to the terms of this contract and grant Cross Connect the authority to act on my behalf. I hereby certify that I have authority to transact business on behalf of The Client.

Signature: Date:

Printed Name:

Title:

Cross Connect Internal Use Only

Notes:

Signature: Date:

Printed Name:

Title:

Transportation Quote Request

Shipper Information	Company:
	Address:
	City:
	State/Prov: Zip/Postal Code:
	Country:
	Contact: Tel:
	E-mail:
	Date Shipment Available for Pick-up:
	Operating Days (e.g. Monday - Friday):
	Operating Hours (e.g. 8 am - 4 pm):
Loading Dock Onsite? ☐ Yes ☐ No	

Delivery Information	Exhibitor Name:
	Booth #:
	Event Name:
	Venue Name:
	Venue Address:
	City:
	State/Prov: Zip/Postal Code:
	Country:
	Contact: Cell #:
	E-Mail:
Must Deliver By (dd-mmm-yyy h:mm tt):	

Service Requirements	Requested Service: ☐ Air ☐ Truck ☐ Other: _____
	Additional Requirements: ☐ Lift Gate ☐ Inside Pick-up ☐ Inside Delivery ☐ Weekend Pick-up ☐ Weekend Delivery
	☐ Please include Cargo Insurance on the estimate/quote.
	Total Shipment Value*: _____ Currency: _____ *Detailed Commercial Invoice/Packing List, with values, <u>must</u> be provided.
	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.

Shipment/Freight Information	# 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		
		@ 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		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
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		@ 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 Pieces						Total Weight:	

Notes	Notes/Additional Information:
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Advance Warehouse Information: To be completed if Cross Connect is NOT booking your transportation

Shipment Info.	Shipped Via (Carrier/Courier Name):
	Carrier/Courier Service Type: ☐ Air/Express ☐ Ground
	Total # of Pieces: Total Weight (lbs):
	Tracking #'s:

- You are responsible for tracking your shipment to ensure timely arrival.
- Goods sent via Post or shipped C.O.D. will NOT be accepted for delivery.
- If you are shipping from outside of Canada, to avoid Customs Clearance delays, please ensure that you check the "Customs Clearance" box on the first page of this form and notify your Carrier/Courier that Cross Connect is your Customs Broker. Customs documents are required (please see your Exhibitor Manual).

Advance Warehouse Services include delivery to show site, but **DO NOT** include material handling services and charges. Your carrier must pick up your materials, directly from show site, at the end of the event.

The warehouse will start receiving freight 30 days prior to the event from 9 am to 3 pm, Monday to Friday.

Advance Warehouse Services are charged per delivery received. If you are shipping via courier, it is recommended that you ship on a single Waybill to avoid additional advance warehouse charges.

Billing & Payment Information

Event & Exhibitor	Exhibitor Name:		Booth #:
	Event Name:		Event Dates: to
	Facility/Venue Name:		
	Facility Venue Address:		
	City:	State/Province:	Zip/Postal Code:
	Country:	On-site Contact:	Cell #:
	E-mail:		

Billing Information	Company Name:		
	Address:		
	City:	State/Province:	Zip/Postal Code:
	Country:		
	Contact Name:		Tel:
	E-mail:		
	Second Contact Name (if applicable):		Tel:
	E-mail:		

Payment Information	MUST BE COMPLETED		
	Delinquent accounts will be charged for all collection, legal and administration fees		
	Charge to: ☐ Visa ☐ MasterCard ☐ American Express		
	Cardholder Name:		CVV Number:
	Credit Card Number:		Expiry Date: (mm/yyyy)
	I authorize use of this card for payment or pre-payment of services relative to this form. I understand that pre-payments on estimated amounts are subject to adjustment, and that this card will be charged for adjustments and/or future invoices generated for services not outlined on, or in addition to, any estimates provided.		
	I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD).		
	Cardholder Signature:		Date:

Remittance Information	Remit To:		
	HST/GST#:		
	Tel:		
	Attention:		
E-mail:			

Customs & Transportation Services Order Form

Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 8001 Weston Road, Unit 2, Woodbridge, ON L4L 9C8; business number 709076475RM0002, a Customs Broker licensed under the Customs Act, to act as my true and lawful agent and 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. Assist to set up Client's CARM business account, and/or manage and administer Client's CARM account;
2. 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;
3. The transportation, warehousing, and distribution of such goods; and
4. Undertake, facilitate, assist with and/or perform such other business, tasks, duties, powers and authorities for which Client provides written instructions to Cross Connect at any time and from time to time.

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



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CUSTOMS & EVENT LOGISTICS

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THIS FORM MUST BE COMPLETED & SIGNED BY THE CLIENT* (OWNER/IMPORTER).

For events (i.e. trade shows, conventions, etc.) where there is "no sale involved", the Transactional Owner of the Goods must complete this form

Services Required (please check all that apply):

☒ Customs Clearance ☒ Transportation ☒ 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 EVENT/SHOW		Event Dates: 25-Oct-24 to 29-Oct-24
	Facility/Venue Name: THE EVENT FACILITY		U.S. IRS # (if applicable):
	Facility/Venue Address: 600 CONVENTION CENTRE DRIVE		
	City: TORONTO	State/Province: ON	Zip/Postal Code: M0X 0X0
	Country: CANADA	On-site Contact: JOHN SMITH	Cell #: 555-555-0000
E-mail: JSMITH@DOMAIN.COM			

Client* (Owner/Importer)	Legal Business / Entity Name (as registered): ABC COMPANY, INC.	
	Does this company have a Canadian Office? ☐ Yes ☒ No	
	Legal Address (as registered): 123 SOMEPLACE AVENUE, SUITE 3	
	City: NEW YORK	State/Province: NY
	Country: USA	Importer/GST# (if applicable): N/A
	Officer Name (Owner, Partner, Director or Signing Officer): JOHN SMITH	U.S. IRS# (if applicable): 12-3456789
	E-mail: JSMITH@DOMAIN.COM	Title: CEO
Contact Name (if different from above):	Tel: 555-555-0000	
E-Mail:	Tel:	

Shipper	☒ Same as Client	
	Company Name: ABC COMPANY, INC.	U.S. IRS #: 12-3456789
	Address: 123 SOMEPLACE AVENUE, SUITE 3	
	City: NEW YORK	State/Province: NY
	Country: USA	Zip/Postal Code: 10093
E-mail: JSMITH@DOMAIN.COM	Contact Name: JOHN SMITH	
	Tel: 555-555-0000	

Return Freight	☐ No Return Shipment ☐ Same as Shipper ☒ Same as Client	
	Company Name: ABC COMPANY, INC.	IRS/Importer #: 12-3456789
	Address: 123 SOMEPLACE AVENUE, SUITE 3	
	City: NEW YORK	State/Province: NY
	Country: USA	Zip/Postal Code: 10093
E-mail: JSMITH@DOMAIN.COM	Contact Name: JOHN SMITH	
	Tel: 555-555-0000	

PLEASE SEE ADDITIONAL PAGES FOR BILLING, PAYMENT, TRANSPORTATION & ADVANCE WAREHOUSING

Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent pursuant to this General Agency Agreement/Power of Attorney ("GAA"). Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" ("CTC") as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/POST-CARM-CUSTOMS-STC.pdf>. Cross Connect performs its transportation services in the role of agent pursuant to its "Transportation Trading Conditions" ("TTC"), as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/STC-TRANSPORTATION-POST-CARM.pdf>. The parties hereby irrevocably and unconditionally attorn to the jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits.

Notwithstanding any (a) other provision of this GAA, (b) provision of the CTC or TTC, or (c) delegation of authority in CARM, including to manage Client's CARM business account, in any circumstances howsoever and whenever arising, and regardless of whether The Company uses its own business number or Client's business number for importation/exportation, and regardless of who any Government Authority identifies as the importer, owner, or importer of record for any shipment, and regardless of any liability assessed by any Government Authority: Client expressly acknowledges and agrees that: (a) The Company shall not be liable for any error in judgment or for anything which it may do or refrain from doing or for any resulting direct, indirect, consequential, punitive or exemplary damage or loss caused by any act or omission, or the negligence of The Company or by an act of God or other act or cause beyond the reasonable control of The Company, even if The Company has been advised of the possibility of such damage or loss; and (b) The Company shall not be liable for any failure to provide the services which is a result of the operation of the applicable laws of Canada or any other country or a change in the policies of Canada Customs.

In the event of a breach or other failure by The Company to perform its obligations for which The Company is held liable, including, but not limited to, acts or omissions of The Company employees, agents and representatives providing services, the Client's sole remedy hereunder, whether in contract, tort or otherwise, shall, in any and all events, be limited to termination hereof and damages not to exceed CAD 1000 (One Thousand Canadian Dollars).

In no event shall The Company's obligation or liability hereunder extend to direct, indirect, punitive, special, incidental and consequential damages or losses the Client may suffer or incur in connection herewith, such as, but not limited to, loss of revenue or profits, damages or losses as a result of the Client's inability to fulfill obligations to third parties, injury to good will, claims of customers and the like, even if The Company has been advised or is otherwise aware of the possibility thereof, nor shall it extend to damages or losses the Client may suffer or incur as a result of claims, suits or other proceeding made or instituted against the Client by third parties.

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 (Importer/Owner) Signature

NOTE: Wet ink signature required – Digital signature NOT allowed

I have read and agree to the terms of this contract and grant Cross Connect the authority to act on my behalf. I hereby certify that I have authority to transact business on behalf of The Client.

Signature: *John Smith* Date: 30-Sep-24
Printed Name: JOHN SMITH
Title: CEO

Cross Connect Internal Use Only

Notes:

Signature: _____ Date: _____
Printed Name: _____
Title: _____

Transportation Quote Request

Shipper Information	Company: ABC COMPANY, INC.	
	Address: 123 SOMEPLACE AVENUE, SUITE 3	
	City: NEW YORK	
	State/Prov: NY	Zip/Postal Code: 10093
	Country: USA	
	Contact: JOHN SMITH	Tel: 555-555-0000
	E-mail: JSMITH@DOMAIN.COM	
	Date Shipment Available for Pick-up: 04-Oct-2024	
Operating Days (e.g. Monday - Friday): Monday - Friday		
Operating Hours (e.g. 8 am - 4 pm): 9 am - 5 pm		
Loading Dock Onsite? ☒ Yes ☐ No		

Delivery Information	Exhibitor Name: ABC COMPANY	
	Booth #: 1001	
	Event Name: NAME OF THE EVENT/SHOW	
	Venue Name: THE EVENT FACILITY	
	Venue Address: 600 CONVENTION CENTRE DRIVE	
	City: TORONTO	
	State/Prov: ON	Zip/Postal Code: M0X 0X0
	Country: CANADA	
	Contact: JOHN SMITH	
E-Mail: JSMITH@DOMAIN.COM		
Must Deliver By (dd-mmm-yyy h:mm tt): 28-Oct-2024 @ 10:00 am		

Service Requirements	Requested Service: ☐ Air ☒ Truck ☐ Other: _____
	Additional Requirements: ☐ Lift Gate ☐ Inside Pick-up ☐ Inside Delivery ☐ Weekend Pick-up ☐ Weekend Delivery
	☒ Please include Cargo Insurance on the estimate/quote.
	Total Shipment Value*: 10,000.00 Currency: USD *Detailed Commercial Invoice/Packing List, with values, must be provided.
	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.

# 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	400	800
1	CRATE	@ Dimensions (Inches) Each	41	52	50	@ Weight (lbs) Each	1,000	1,000
		@ 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		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		@ Dimensions (Inches) Each				@ Weight (lbs) Each		
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		@ 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		
3	Total Pieces						Total Weight:	1,800

Notes	Notes/Additional Information:
	PLEASE INCLUDE BLANKETS & STRAPS

Advance Warehouse Information: To be completed if Cross Connect is NOT booking your transportation

Shipment Info.	Shipped Via (Carrier/Courier Name):	
	Carrier/Courier Service Type:	☐ Air/Express ☐ Ground
	Total # of Pieces:	Total Weight (lbs):
	Tracking #'s:	

- You are responsible for tracking your shipment to ensure timely arrival.
- Goods sent via Post or shipped C.O.D. will NOT be accepted for delivery.
- If you are shipping from outside of Canada, to avoid Customs Clearance delays, please ensure that you check the "Customs Clearance" box on the first page of this form and notify your Carrier/Courier that Cross Connect is your Customs Broker. Customs documents are required (please see your Exhibitor Manual).

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Advance Warehouse Services are charged per delivery received. If you are shipping via courier, it is recommended that you ship on a single Waybill to avoid additional advance warehouse charges.



Billing & Payment Information

CROSSCONNECT

CUSTOMS & EVENT LOGISTICS

Tel: 416-639-2176

E-mail: info@crossconnectcl.com

Event & Exhibitor	Exhibitor Name: ABC COMPANY	Booth #: 1001	
	Event Name: NAME OF THE EVENT/SHOW	Event Dates: 25-Oct-24 to 29-Oct-24	
	Facility/Venue Name: THE EVENT FACILITY		
	Facility Venue Address: 600 CONVENTION CENTRE DRIVE		
	City: TORONTO	State/Province: ON	Zip/Postal Code: M0X 0X0
	Country: CANADA	On-site Contact: JOHN SMITH	Cell #: 555-555-0000
	E-mail: JSMITH@DOMAIN.COM		

Billing Information	☐ Same as Shipper (page 1)	☒ Same as Client (page 1)	
	Company Name: ABC COMPANY, INC.		
	Address: 123 SOMEPLACE AVENUE, SUITE 3		
	City: NEW YORK	State/Province: NY	Zip/Postal Code: 10093
	Country: USA		
	Contact Name: JOHN SMITH	Tel: 555-555-0000	
	E-mail: JSMITH@DOMAIN.COM		
Second Contact Name (if applicable): SUSAN JONES	Tel: 555-555-1111		
E-mail: SJONES@DOMAIN.COM			

Payment Information	MUST BE COMPLETED			
	Charge to:	☒ Visa	☐ MasterCard	☐ American Express
	Cardholder Name: JOHN SMITH	CVV Number: 123		
	Credit Card Number: 1234 5678 9123 4567	Expiry Date: 11/2026	(mm/yyyy)	
	I authorize use of this card for payment or pre-payment of services relative to this form. I understand that pre-payments on estimated amounts are subject to adjustment, and that this card will be charged for adjustments and/or future invoices generated for services not outlined on, or in addition to, any estimates provided.			
	I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD).			
	Cardholder Signature: <i>John Smith</i>	Date: 30-Sep-2024		

Remittance Information	Remit To: Cross Connect Customs and Event Logistics Inc. 8001 Weston Road, Unit 2 Woodbridge, ON L4L 9C8
	HST/GST#: 709076475RT0001
	Tel: (416) 639-2176
	Attention: Accounting Department
	E-mail: payments@crossconnectcl.com

CARRIER ONLY PARS E-mail: pars@crossconnectcl.com

Shipper:	Consignee (Ship To):	Importer/Owner of Goods: ☐ Same as Shipper	Shipped Via:		*REMARKS ("X" each item) *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD
			Shipped To:	☐ Adv. Whse ☐ Show Site	
			IRS #:		
			Pieces:		
			Weight:	☐ kg ☐ lbs	
			Currency:		
			Ship Date:		
		Does this company have a Canadian Office?			

[illegible]

**FOB VALUE:	
INSURANCE:	
FREIGHT CHARGE:	
**TOTAL CIF VALUE:	

The shipper hereby authorizes Cross Connect Customs and Event Logistics, inc. ("Cross Connect"), and their agents, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the Cross Connect's "Standard Trading Conditions" , as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf . The values listed on this document represent fair-market value, and proof of valuation can and will be provided upon request.

Date:

FOR CUSTOMS CLEARANCE BY:
Cross Connect Customs And Event Logistics Inc.

CARRIER ONLY PARS E-mail: pars@crossconnectcl.com

COMMERCIAL INVOICE / PACKING LIST



CROSSCONNECT
 CUSTOMS & EVENT LOGISTICS

NOTE: Only pdf/tif attachments and not the email itself are received. Ensure that all PARS information and any special instructions are included within pdf/tif attachment.
 HOURS: Mon-Fri 9 am - 5 pm *E-mails are monitored outside of regular business hours, but response may be delayed. Please ensure that ETA's are accurate.

***IMPORTANT:**
MUST be completed in full.

Shipper: ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093 JOHN SMITH - 555-555-0000	Consignee (Ship To): ABC COMPANY, BOOTH # 1001 C/O NAME OF SHOW/EVENT VENUE NAME VENUE ADDRESS ONSITE CONTACT NAME & CELL PHONE #	Importer/Owner of Goods: ☒ Same as Shipper ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093 JOHN SMITH - 555-555-0000 Does this company have a Canadian Office? No	Shipped Via: TRANSPORTATION COMPANY NAME Shipped To: ☒ Adv. Whse ☐ Show Site IRS #: 12-3456789 Pieces: 3 Weight: 1,800 ☐ kg ☒ lbs Currency: USD Ship Date: 06/15/2021 (mm/dd/yyyy)	*REMARKS ("X" each item) *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD
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# of Pieces	Type of Pieces	Qty	Description of Contents Please include Brand Name & Model # for all electronic equipment.	Origin	Weight in lbs (lbs/kg)	Dimensions (Inches)			CBM	HTS	Remarks*			Value	
						L	W	H			A TEMP	B PERM	C PROMO	Unit Value	Total Value
1	SKID	1	DISPLAY BOOTH	USA	400	48	48	48	1.81	9403.20	X			5,250.00	5,250.00
1	CRATE	2	50" LED TV'S - LG MODEL# 55EG9100	CHINA	50	41	52	50	1.75	8528.72	X			700.00	1,400.00
		2	WEIGHTED METAL TV STANDS	JAPAN	950					9403.20	X			500.00	1,000.00
1	SKID	5000	ADVERTISING LITERATURE	USA	200	48	48	48	1.81	4911.10			X	0.15	750.00
		1000	BALL POINT PENS	CHINA	48					9608.10			X	0.35	350.00
		400	CATALOGS	USA	150					4911.10			X	3.00	1,200.00
		2	POSTERS	USA	2					4911.91		X		25.00	50.00

***Electronic equipment MUST include Brand Name & Model #.**

***Each commodity MUST be listed on its own line; DO NOT group items.**

***Specific descriptions required; Vague descriptions such as "Give Aways", "Display Materials", or "Trade Show Samples" will NOT be accepted.**

***Values need to reflect the cost of goods (price paid), or the selling price of the goods (price payable); whichever is greater.**

***\$0 values will NOT be accepted.**

***Indicate the Country of Manufacture (where the goods are made); NOT the country of purchase.**

****FOB (Free On Board) VALUE:** indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

****CIF (Cost, Insurance, and Freight) VALUE:** indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

**FOB VALUE:	10,000.00
INSURANCE:	
FREIGHT CHARGE:	
**TOTAL CIF VALUE:	10,000.00

The shipper hereby authorizes Cross Connect Customs and Event Logistics, inc. ("Cross Connect"), and their agents, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the Cross Connect's "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The values listed on this document represent fair-market value, and proof of valuation can and will be provided upon request.

TEMPORARY IMPORT VALUE: 7,650.00

PERMANENT IMPORT VALUE: 2,350.00

Signature: John Smith

Date: 06/10/2021