



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 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. I hereby certify that I have authority to transact business on behalf of my employer.

Signature: Date:

Printed Name: Title:

Cross Connect Internal Use Only

Accepted by:

Date:

Signature:

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:

- 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
- 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): <input type="checkbox"/> Direct to Event/Show Site <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Same as Shipper <input type="checkbox"/> 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

Billing	<input checked="" type="checkbox"/> 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

MUST BE COMPLETED

Payment	Charge to: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> 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: <i>John Smith</i> 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
	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

Shipment / Freight	Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2 nd Day <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other: _____
	Additional Services Required: <input checked="" type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick-up <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Weekend Pick-up <input type="checkbox"/> Weekend Delivery
	Total Shipment Value: \$ 10,000.00 Carrier Name & Contact Info: IF USING CARRIER OTHER THAN CROSS CONNECT, PROVIDE INFO.

Shipment / Freight	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.

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

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:



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.

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

# of Pieces	Type of Pieces	Qty	Description of Contents <small>Please include Brand Name & Model # for all electronic equipment.</small>	Origin	Weight in _____ (lbs/kg)	Dimensions (Inches)			CBM	HTS	Remarks*			Value	
						L	W	H			A TEMP	B PERM	C PROMO	Unit Value	Total Value

**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"

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

**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

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:
 PERMANENT IMPORT VALUE:

Signature: _____

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: <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Adv. Whse <input type="checkbox"/> Show Site IRS #: 12-3456789 Pieces: 3 Weight: 1,800 <input type="checkbox"/> kg <input checked="" type="checkbox"/> 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 <small>Please include Brand Name & Model # for all electronic equipment.</small>	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"

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

**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

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