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):		Title:
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

CROSSCONNECT
CUSTOMS & EVENT LOGISTICS

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, 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.

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		
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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:

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: 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

Customs & Transportation Services Order Form

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

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

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	Zip/Postal Code: 10093
Country: USA	Importer/GST# (if applicable): N/A	U.S. IRS# (if applicable): 12-3456789
Officer Name (Owner, Partner, Director or Signing Officer): JOHN SMITH		Title: CEO
E-mail: JSMITH@DOMAIN.COM		Tel: 555-555-0000
Contact Name (if different from above):		Tel:
E-Mail:		

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	Zip/Postal Code: 10093
Country: USA	Contact Name: JOHN SMITH	Tel: 555-555-0000
E-mail: JSMITH@DOMAIN.COM		

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	Zip/Postal Code: 10093
Country: USA	Contact Name: JOHN SMITH	Tel: 555-555-0000
E-mail: JSMITH@DOMAIN.COM		

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:

EXAMPLE

Transportation Quote Request

CROSSCONNECT
CUSTOMS & EVENT LOGISTICS

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 Cell #: 555-555-0000
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, <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
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		
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		@ 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

EXAMPLE

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 <u>NOT</u> 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. <u>Customs documents are required</u> (please see your Exhibitor Manual).

Advance Warehouse Services include delivery to show site, but <u>DO NOT</u> 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

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: *John Smith* 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

EXAMPLE