

## **Customs & Transportation Services Order Form**

Continuous Authority granted

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.

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.

SH	ow/Event											
Show/Event Name:     Show/Event Dates:       Services Required (please check one):     Output Outpu												
		Clearance and Transportati	on Customs Clearand	ce Oi		Transportation Only			Advance Warehouse			
	Company Name:					Company Name:			Booth #:			
	IRS #: Address:					Facility Name: Address:						
Shipper Info.					/ In	Address:						
ē	Address:     Address:       City:     State/Prov:       Zip/Post:       Output       City:     State/Prov:       Zip/Post:       Output       City:       State/Prov:       Zip/Post:       Output       City:       State/Prov:       Zip/Post:											
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Sh	Contact N	lame:	Tel:		_	On-site Co	ntact:		Cell:			
	E-mail:		Fax:			E-mail:						
	Same as Shipper								Same as	s Shipper		
Return Freight Info.	Company Name: IRS #:					Company Name: Importer # (if applicable):						
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Ē					illin							
turi	City:	State/Prov:	Zip/Post:			City:		State/Prov:	Zip/Post:			
Re	Contact Name: Tel: E-Mail: Fax:					Contact Na	ime:		Tel:			
	E-Mail:		E-mail: Fax:									
	Terms of Payment and Security Deposit – MUST BE COMPLETED											
Payment Info.	Charge to: Visa MasterCard American Express ** 5% Credit Card Service Fee Applied to all transactions **											
	Cardholder Name: Title:											
าคท	Credit Ca	rd Number:			Exp	oiry Date:		CVC:				
Payn	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:											
	Carrier Name (if not using DS): Carrier Contact Name:											
	Carrier Contact Tel: Carrier Contact E-mail:											
							lours of Operation: Delivery Time/Window:					
	# of	Type of Pieces										
	Pieces	(Box/Crate/Skid, etc.)		Ler	ngth	Width	Height		Per Piece	Total		
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Shipment Info.		Total	Contensions (inches) Lach					U ( )	otal Weight:			
Requested Service Level:									·····3···			
	Additional Services Required:											
	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.											
То	rms & Con											
			ng that we hereby release Davidson &	Sons	s Ltd. a	and/or agents	from all liab	ility for loss, damage and/or	theft to our mercl	handise and		
			ured all such properties being handled son & Sons Ltd. will not be responsible									
3)	Davidson &	Sons Ltd. liability is outlined	in the above Cargo Insurance / E	Declar	ed Va	lue section.	We are s	elf-insured, or have made	other appropriate	e insurance		
			avidson & Sons Ltd. shall not be liable or damage to materials. 5) All hazardo									
CI	ient Signat	ure						Sons Customs Brok				
I have read and agree to the terms of this contract. Signature:						Signature:						
Name:					Name:							
Title:					Title:							
Date:						Date:						

Telephone: +1 (604) 681-5132 Fax: +1 (604) 681-2601 remy@davidsonandsons.com

www.davidsonandsons.com



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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.

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.

Show/Event Name: NAME OF THE EVENT/ SHOW YOU ARE ATTENDING       Show/Event Dates: DATES THE SHOW/EVENT IS BEING H         Services Required (please check one):       Customs Clearance Only       Transportation Only       Advance Ware         Customs Clearance and Transportation       Customs Clearance Only       Transportation Only       Advance Ware         Company Name: ABC COMPANY       Company Name: ABC COMPANY       Booth #:       Facility Name: SHOW/EVENT VENUE NAME         Address:       123 SOMEPLACE AVENUE       Other State/Prov:       NY       Zip/Post: 10000         City:       NEW YORK       State/Prov:       NY       Zip/Post: 10000       City: VANCOUVER       State/Prov:       BC       Zip/Post:         Outgoing       Company Name: ABC COMPANY COM       Fax:555-555-1234       E-mail: JDOE@ABCCOMPANY.COM       Eaclify Name: ABC COMPANY       Same as Shipper         Company Name:       ABC COMPANY       Xame as Shipper       Xame       Same         Company Name:       ABC COMPANY       Zip/Post:       Importer # (if applicable):       Address: 123 SOMEPLACE AVENUE         Sull TE 123         City:       NEW YORK       State/Prov:       NY       Zip/Post: 10000       City: NEW YORK       State/Prov:       NY <th></th>										
Customs Clearance and Transportation       Customs Clearance Only       Transportation Only       Advance Ware         Company Name: ABC COMPANY       Booth #:       Facility Name: ABC COMPANY       Booth #:         IRS #: 12-3456789       Address: 123 SOMEPLACE AVENUE       Address: VENUE ADDRESS       Suite 123         City: NEW YORK       State/Prov:       NY       Zip/Post: 10000       City: VANCOUVER       State/Prov:       BC         City: NEW YORK       State/Prov:       NY       Zip/Post: 10000       On-site Contact: JANE DOE       Cell: 555-         E-mail:       JSMITH@ABCCOMPANY.COM       Fax:555-555-4321       E-mail: JDDE@ABCCOMPANY.COM       Xame										
IRS #: 12-3456789       Facility Name: SHOW/EVENT VENUE NAME         Address: 123 SOMEPLACE AVENUE       Address: VENUE ADDRESS         SUITE 123       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         Same as Shipper       Same	100									
org       Address: 123 SOMEPLACE AVENUE         SUITE 123         Org         City: NEW YORK         State/Prov:         NY         Zip/Post:         Contact Name:         JOHN SMITH         Tel:         555-555-1234         E-mail:         JSMITH@ABCCOMPANY.COM         Fax:         Same as Shipper										
Contact Name     John Swith     Tel. 535-535-1234       E-mail:     JSMITH@ABCCOMPANY.COM     Fax:555-555-4321       E-mail:     JDDE@ABCCOMPANY.COM       Image: Same as Shipper     Image: Same as Shipper										
Contact Name     John Swith     Tel. 535-535-1234       E-mail:     JSMITH@ABCCOMPANY.COM     Fax:555-555-4321       E-mail:     JDDE@ABCCOMPANY.COM       Image: Same as Shipper     Image: Same as Shipper										
Contact Name     John Swith     Tel. 535-535-1234       E-mail:     JSMITH@ABCCOMPANY.COM     Fax:555-555-4321       E-mail:     JDDE@ABCCOMPANY.COM       Image: Same as Shipper     Image: Same as Shipper										
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DR # 10 2455700										
Address: 123 SOMEPLACE AVENUE Address: 123 SOMEPLACE AVENUE										
IRS #: 12-3456789         Address: 123 SOMEPLACE AVENUE         SUITE 123         City: NEW YORK         State/Prov:         NY         Zin/Post: 10000										
City: NEW YORK State/Prov: NY Zip/Post: 10000 City: NEW YORK State/Prov: NY Zip/Post:										
E-Mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321 E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-	155-4321									
Terms of Payment and Security Deposit – MUST BE COMPLETED										
Charge to: 🗌 Visa 🛛 MasterCard 🔄 American Express										
Cardholder Name: JOHN SMITH Title: CFO										
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).										
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 TRANSPORATION COMPANY Carrier Contact Name: TRANSPORTATION COMPANY CONTACT PERSON										
Carrier Contact Tel: TRANSPORTATION COMPANY PHONE # Carrier Contact E-mail: TRASNPORTATION 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 DELIVERE										
Delivery Date: DATE THAT THE FREIGHT NEEDS TO BE DELIVERED Delivery Time/Window: MUST BE DELIVERED BETWEEN (TIM										
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Delivery Date:       DATE THAT THE FREIGHT NEEDS TO BE DELIVERED       Delivery Time/Window:       MUST & DELIVERED BETWEEN (TIM         # of Pieces       Type of Pieces (Box/Crate/Skid, etc.)       Length       Width       Height       Per Piece         2       BOXES       @ Dimensions (Inches) Each       23       23       48       @ Weight (Ibs) Each       56         1       SKID       @ Dimensions (Inches) Each       48       48       @ Weight (Ibs) Each       400         @ Dimensions (Inches) Each       Image: Comparison (Image: Comparison (Inches) Each       Imag	Total 112 400 512 512 to be \$0.50 has been tion on rchandise and als, improperly ond its control. ate insurance venues, or for									
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Telephone: +1 (604) 681-5132 Fax: +1 (604) 681-2601 remy@davidsonandsons.com