

# On-site **Customs** Clearance & **Logistics** Services



Trust Us! We realize the importance of your materials reaching your time sensitive event. So, let the experts at Commerce look after your Customs and/or shipping needs. We've got the most experienced team in the Industry, strictly dedicated to servicing Meetings, Conventions and Trade Shows.

**Creating Solutions to  
get your materials to  
and from your event!**

- On- Site Customs Clearance
- Electronic Releases
- 24/7 Accessibility
- Senior Personnel on all events
- Post bonds with Canada Customs
- Consumption Entries
- Global Transportation Services (All Modes) Truck-Air-Ocean-Local cartage
- Warehousing Services
- Tracking and Tracing
- CommercePlus (inquire for details)
- CommercePlus+ (inquire for details)



For Further information, please contact us **The Commerce Trade Show Logistics Group Ltd**  
3405 American Drive, Unit 7, Mississauga, Ontario, L4V 1T6 • Toll Free 1-888-827-7469 (show) • Telephone 1-905-673-5445  
Fax: 1-905-673-2574 • Email: [info@commercetradeshows.com](mailto:info@commercetradeshows.com) • Website: [www.commercetradeshows.com](http://www.commercetradeshows.com)

## CUSTOMS AND TRANSPORTATION SERVICES ORDER FORM

Please accept as your authority for Customs Clearance and or Transportation Services

**Services Required**

Customs Clearance and Transportation       Customs Clearance Only       Transportation Only

<b>Pick up Address</b>	<b>Company Name</b> ABC Company	<b>Delivery Address</b>	<b>Company Name</b> ABC Company
	<b>IRS #</b> 12-1234567		<b>Show Name</b> Show Name <b>Booth #</b> 524
	<b>Address</b> 123 Howard St		<b>Address</b> Show Facility Name
	<b>Address</b> Suite 3		<b>Address</b> Show Facility Address
	<b>City</b> New York <b>State/Prov</b> NY <b>Zip/Post</b> 10001		<b>Address</b>
	<b>Contact Name</b> John Doe		<b>City</b> <b>State</b> <b>Zip/Post</b>
	<b>Phone #</b> 212-555-1234 <b>Fax #</b> 212-555-1235		<b>On Site Contact</b> Mike <b>Cell Phone #</b> 519-426-1234
<b>Send Bill To:</b>	<b>Company Name</b> ABC Company	<b>Return Freight</b>	<b>Company Name</b> ABC Company
	<b>Address</b> 123 Howard St, Suite 3		<b>Address</b> 123 Howard St
	<b>City</b> New York <b>State/Prov</b> NY <b>Zip/Post</b> 10001		<b>City</b> New York <b>State</b> NY <b>Zip/Post</b> 10001
	<b>Contact Name</b> John Doe		<b>Contact Name</b> John Doe
	<b>Phone #</b> 212-555-1234 <b>Fax #</b> 212-555-1235		<b>Phone #</b> 212-555-1234

### TERMS OF PAYMENT AND SECURITY DEPOSIT - MUST BE COMPLETED

Charge To	Visa	MasterCard	<input checked="" type="checkbox"/> American Express
Card Holder Name	John Doe	Title	CEO
Credit Card #	1234 5648 9123 1253	Expiry Date	Security # 123

**I hereby authorize the use of this credit card for payment of services related to this order from. I understand that declined credit cards are subject to a 30% surcharge.**

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

### SHIPMENT INFORMATION

(IF NOT SHIPPING VIA COMMERCE LOGISTICS) CARRIER NAME \_\_\_\_\_

PICK UP DATE	<u>Date we Can Pick up</u>	TIME	<u>9am-5pm</u>	DELIVERY DATE	<u>Deliver Date to Show</u>	TIME	<u>9am-3pm</u>
<b>Number of Pieces</b>		<b>Dimensions (Inches)</b>			<b>Weight (LBS)</b>		
Cartons/Boxes	<u>2</u>	L <u>23</u>	W <u>23</u>	H <u>48</u>	<u>112</u>		
Crates/Fiber Case	_____	L _____	W _____	H _____	_____		
Skid/Pallet	<u>1</u>	L <u>48</u>	W <u>48</u>	H <u>48</u>	<u>400</u>		
Carpet/Other	_____	L _____	W _____	H _____	_____		
<b>TOTAL</b>	<b><u>3</u></b>				<b>TOTAL</b>	<b><u>512</u></b>	
Requested Service Level	<input type="checkbox"/> Air	<input type="checkbox"/> 2nd Day	<input checked="" type="checkbox"/> Truck				
Additional Services Required	<input checked="" type="checkbox"/> Lift Gate	<input type="checkbox"/> Inside Pick Up/Delivery					

### CARGO INSURANCE / DECLARED VALUE - Only to be completed when using Commerce Logistics

The 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 a value is declared below & applicable charges paid. Subject to the terms and conditions of the liability of the Forwarder for loss/damage stated below. Cargo insurance will not apply or cover any electronic goods.

**Do you Require Additional Insurance?**       YES       NO      **DECLARED VALUE**      **\$5,000.00**

(Additional Fees for Cargo Insurance will apply)

### TERMS AND CONDITIONS

This order is placed with the specific understanding that we hereby release Commerce Trade Show Logistics Group Ltd (C.T.S.L.G. Ltd) and or agents from all liability for loss, damage and or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled. 1) C.T.S.L.G.Ltd shall not be responsible for damage to uncrated materials, improperly packaged or concealed damage. 2) C.T.S.L.G. Ltd will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) C.T.S.L.G. Ltd liability is outlined in the above Cargo Insurance/Declared Value section. Please ensure you are self insured or you must declare a value for carriage and pay the charges applicable for the service. 4) C.T.S.L.G. Ltd shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to an exhibitors materials which make it impossible or impractical to exhibit same. 5) Each Exhibitor is responsible to declare all hazardous materials and abide by all Federal, Provincial, State and local laws.

*I have read and agree to the Terms and Conditions of this Contract with C.T.S.L.G. Ltd*

Print Name      John Doe                      Signature                      Date

PLEASE FAX COMPLETED ORDER FORM TO 905-673-2574



**CUSTOMS AND TRANSPORTATION SERVICES ORDER FORM**

Please accept as your authority for Customs Clearance and or Transportation Services

**Services Required**

Customs Clearance and Transportation     Customs Clearance Only     Transportation Only

<b>Pick up Address</b>	<b>Company Name</b>	<b>Delivery Address</b>	<b>Company Name</b>
	<b>IRS #</b>		<b>Show Name</b> <b>Booth #</b>
	<b>Address</b>		<b>Address</b>
	<b>Address</b>		<b>Address</b>
	<b>City</b> <b>State/Prov</b> <b>Zip/Post</b>		<b>City</b> <b>State</b> <b>Zip/Post</b>
	<b>Contact Name</b>		<b>On Site Contact</b> <b>Cell Phone #</b>
<b>Phone #</b> <b>Fax #</b>			
<b>Send Bill To:</b>	<b>Company Name</b>	<b>Return Freight</b>	<b>Company Name</b>
	<b>Address</b>		<b>Address</b>
	<b>City</b> <b>State/Prov</b> <b>Zip/Post</b>		<b>City</b> <b>State</b> <b>Zip/Post</b>
	<b>Contact Name</b>		<b>Contact Name</b>
	<b>Phone #</b> <b>Fax #</b>		<b>Phone #</b>

**TERMS OF PAYMENT AND SECURITY DEPOSIT - MUST BE COMPLETED**

**Charge To**     Visa     MasterCard     American Express

Card Holder Name \_\_\_\_\_ Title \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiry Date \_\_\_\_\_ Security Number \_\_\_\_\_

**I hereby authorize the use of this credit card for payment of services related to this order from. I understand that declined credit cards are subject to a 30% surcharge.**

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

**SHIPMENT INFORMATION**

( IF NOT USING COMMERCE LOGISTICS) CARRIER NAME \_\_\_\_\_

PICK UP DATE \_\_\_\_\_ TIME \_\_\_\_\_ DELIVERY DATE \_\_\_\_\_ TIME \_\_\_\_\_

<b>Number of Pieces</b>	<b>Dimensions (Inches)</b>			<b>Weight (LBS)</b>
Cartons/Boxes _____	L _____	W _____	H _____	_____
Crates/Fiber Case _____	L _____	W _____	H _____	_____
Skid/Pallet _____	L _____	W _____	H _____	_____
Carpet/Other _____	L _____	W _____	H _____	_____
<b>TOTAL</b> _____	<b>TOTAL</b>			_____

Requested Service Level     Air     2nd Day     Truck

Additional Services Required     Lift Gate     Inside Pick Up/Delivery

**CARGO INSURANCE / DECLARED VALUE - Only to be completed when using Commerce Logistics**

The 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 then \$50.00 per shipment UNLESS a value is declared below & applicable charges paid. Subject to the terms and conditions of the liability of the Forwarder for loss/damage stated below. Cargo insurance will not apply or cover any electronic goods.

**Do you Require Additional Insurance?**     YES     NO    **DECLARED VALUE** \_\_\_\_\_

(Additional Fees for Cargo Insurance will apply)

**TERMS AND CONDITIONS**

This order is placed with the specific understanding that we hereby release Commerce Trade Show Logistics Group Ltd (C.T.S.L.G. Ltd) and or agents from all liability for loss, damage and or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled. 1) C.T.S.L.G.Ltd shall not be responsible for damage to uncrated materials, improperly packaged or concealed damage. 2) C.T.S.L.G. Ltd will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3)C.T.S.L.G. Ltd liability is outlined in the above Cargo Insurance/Declared Value section. Please ensure you are self insured or you must declare a value for carriage and pay the charges applicable for the service. 4) C.T.S.L.G. Ltd shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to an exhibitors materials which make it impossible or impractical to exhibit same. 5) Each Exhibitor is responsible to declare all hazardous materials and abide by all Federal, Provincial, State and local laws.

*I have read and agree to the Terms and Conditions of this Contract with C.T.S.L.G. Ltd*

Print Name \_\_\_\_\_ Signature/Authorization \_\_\_\_\_ Date \_\_\_\_\_

PLEASE FAX COMPLETED ORDER FORM TO 905-673-2574



1. Vendor (Name and Address) / <i>Vendeur (Nom et adresse)</i> <i>Name and Address of Shipper</i>		2. Date of Direct Shipment to Canada / <i>Date d'expédition directe vers le Canada</i> <i>Date Shipped Must Be Shown</i>		
4. Consignee (Name and Address) / <i>Destinataire (Nom et adresse)</i> <i>Name of Exhibitor / Booth Number</i> <i>Name of Event, Facility's Name, Street Address</i> <i>City, Province Postal Code</i> <i>Notify: COMMERCE for Customs Clearance</i>		3. Other References (Include Purchaser's Order No.) <i>Exporter's I.R.S./Tax I.D./E.I.N. Number Must Be Shown</i>		
5. Purchaser's Name and Address (if other than Consignee) <i>Nom et adresse de l'acheteur (s'il diffère du destinataire)</i>  <i>For Display Purposes Only</i>		6. Country of Transshipment / <i>Pays de transbordement</i>		
7. Country of Origin of Goods <i>Pays d'origine de marchandises</i> <i>U.S.A., Japan Etc.</i> <i>Must be Shown</i>		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. <i>S'IL L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES EN PRÉCISER LA PROVENANCE EN 12.</i>		
8. Transportation: Give Mode and Place of Direct Shipment to Canada <i>Transport: Préciser mode et lieu d'expédition direct vers le Canada</i>  <i>Name of Carrier (Please Use "Canada Customs Bonded Carrier")</i>  <i>Place of Loading</i>		9. Condition of Sale and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) <i>Conditions de vente et modalités de paiement</i> (p. ex. vente, expédition en consignation, location de marchandises, etc.) <i>No Sale Involved</i>		
10. Currency of Settlement / <i>Devises du paiement</i> <i>Must Be Shown</i>		VII. 1 is this a related company transaction? <i>Est-ce que les compagnies sont liées entre elles?</i>  Yes <input type="checkbox"/> No <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/>		
11. No. of pkgs <i>Nbre de colis</i>	12. Specification of Commodities (Kind of Packages, Marks and Number, General Description and Characteristics i.e. Grade Quality) <i>Désignation des articles (Nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)</i>	13. Quantity (State Unit) <i>Quantité</i> (Préciser l'unité)	Selling Price / <i>Prix de vente</i>	
			14. Unit price <i>Price unitaire</i>	
			15. Total	
2 pcs	#1, #2 Wooden Crates Containing Display Booth K.D., (Backwalls, Lights, Carpet, Graphics) and/or Description of Product for Display	1	5,000.00	5,000.00
2 pcs	Cartons of Technical / Promotional Literature	5,000	.15	750.00
1 pc	Cartons of Letter Openers	50	.50	25.00
1 pc	Carton of Bottle Openers	50	1.00	50.00
XI. 1 Total number of Pieces / <i>Nombre total de Pieces</i> <i>6 Pcs. (Total Number of Pieces Must Be Shown)</i>				
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <i>Si les renseignements des zones 1 à 17 figurent sur la facture commerciale, cocher cette case</i>  Commercial Invoice No. / <i>N° de la facture commerciale</i> <input type="checkbox"/>		16. Total Weight / <i>Poids total</i>		
		Net		
		Gross / <i>412 Kilos</i>		
		17. Invoice Total <i>Total de la facture</i> <i>Total Value</i> <i>Must Be Shown</i>		
19. Exporter's Name and Address (if other than Vendor) <i>Nom et adresse de l'exportateur (s'il diffère de vendeur)</i>  <i>Complete this Box when the shipper is OTHER than the Owner of these Goods (Contact Name, Company Name, Address, Telephone Number, Etc.)</i>		20. Originator (Name and Address) <i>Expéditeur d'origine (Nom et adresse)</i> <i>Same as Shipper</i> <i>Indicate Telephone Number and Contact Name (Person who has knowledge of this shipment)</i>		
21. Departmental Ruling (if applicable) <i>Décision ministérielle (s'il y a lieu)</i>		22. If fields 23 to 25 are not applicable, check this box <i>Si les zones 23 à 25 sont sans objet, cocher cette case</i> <input type="checkbox"/>		
23. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i>  \$ _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada <i>Les coûts de construction, de montage et d'assemblages après importation au Canada</i>  \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i>  \$ _____		24. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i>  \$ _____ (ii) Amounts for commissions other than buying commissions <i>Les commissions autres que celles versées pour l'achar</i>  \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i>  \$ _____		
		25. Check (if applicable) <i>Cocher (s'il y a lieu)</i> (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser <i>Des redevances ou produits ultérieurs ont été ou seront versés par l'acheteur</i>  <input type="checkbox"/> (ii) The purchaser has supplied goods and services for use in the production of these goods <i>L'acheteur a fourni des biens ou des services pour la production de ces marchandises.</i>  <input type="checkbox"/>		



1. Vendor (Name and Address) / <i>Vendeur (Nom et adresse)</i>		2. Date of Direct Shipment to Canada / <i>Date d'expédition directe vers le Canada</i>	
4. Consignee (Name and Address) / <i>Destinataire (Nom et adresse)</i>		3. Other References (Include Purchaser's Order No.)	
5. Purchaser's Name and Address (if other than Consignee) <i>Nom et adresse de l'acheteur (s'il diffère du destinataire)</i>		6. Country of Transshipment / <i>Pays de transbordement</i>	
VII. 1 is this a related company transaction? <i>Est-ce que les compagnies sont liées entre elles?</i>  Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Oui <input type="checkbox"/> Non <input type="checkbox"/></i>		7. Country of Origin of Goods <i>Pays d'origine de marchandises</i> <small>IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. <i>S'IL L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES EN PRÉCISER LA PROVENANCE EN 12.</i></small>	
8. Transportation: Give Mode and Place of Direct Shipment to Canada <i>Transport: Préciser mode et lieu d'expédition direct vers le Canada</i>		9. Condition of Sale and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) <i>Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.)</i>	
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			14. Unit price <i>Price unitaire</i>
			15. Total
XI. 1 Total number of Pieces / <i>Nombre total de Pieces</i>			
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <i>Si les renseignements des zones 1 à 17 figurent sur la facture commerciale, cocher cette case</i>  Commercial Invoice No. / <i>N° de la facture commerciale</i> <input type="checkbox"/>		16. Total Weight / <i>Poids total</i> Net <input type="checkbox"/> Gross / <input type="checkbox"/>	17. Invoice Total <i>Total de la facture</i>
19. Exporter's Name and Address (if other than Vendor) <i>Nom et adresse de l'exportateur (s'il diffère de vendeur)</i>		20. Originator (Name and Address) <i>Expéditeur d'origine (Nom et adresse)</i>	
21. Departmental Ruling (if applicable) <i>Décision ministérielle (s'il y a lieu)</i>		22. If fields 23 to 25 are not applicable, check this box <i>Si les zones 23 à 25 sont sans objet, cocher cette case</i> <input type="checkbox"/>	
23. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i> \$ _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada <i>Les coûts de construction, de montage et d'assemblages après importation au Canada</i> \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i> \$ _____	24. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i> \$ _____ (ii) Amounts for commissions other than buying commissions <i>Les commissions autres que celles versées pour l'achar</i> \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i> \$ _____	25. Check (if applicable) <i>Cocher (s'il y a lieu)</i> (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser <i>Des redevances ou produits ultérieurs ont été ou seront versés par l'acheteur</i> <input type="checkbox"/>  (ii) The purchaser has supplied goods and services for use in the production of these goods <i>L'acheteur a fourni des biens ou des services pour la production de ces marchandises.</i> <input type="checkbox"/>	