



Customs / Transportation Order Form

EXAMPLE

THE ORIGINAL OF THIS ORDER FORM MUST BE COMPLETED & RETURNED TO ENSURE CUSTOMS CLEARANCE
PLEASE ACCEPT THIS AS YOUR AUTHORITY TO PROVIDE CUSTOMS CLEARANCE AND/OR TRANSPORTATION SERVICES

WE WISH TO USE GES CANADA'S SERVICES FOR (PLEASE CHECK ONE) Customs Clearance And Transportation Customs Clearance Only Transportation Only

SECTION 1 EXHIBITOR AND SHIPMENT INFORMATION

Exhibitor / Company Name: **ABC MACHINE COMPANY**
U.S. Tax # or U.S. IRS ID #: **31-2293941**
Event Name & Booth #: **INTERNATIONAL MACHINERY SHOW** Booth #: **1430**
Facility Name: **MTCC - METRO TORONTO CONVENTION CENTRE - SOUTH BLDG**
Shipment Date: **MARCH 3, 2001** From (City): **NEW YORK** Carrier Name: **GES LOGISTICS**
It Consists of (# Cartons): **6** Weight: **1,500** lbs. kgs.
Our Rep @ Event: **BILL SMITH** Staying At (Hotel): **RYH - ROYAL YORK** Tel: **416-368-2511**

PLEASE DO NOT SHIP BY PARCEL COURIER OR MAIL - WE WILL NOT BE RESPONSIBLE FOR TIMELY DELIVERY

SECTION 2 RETURN SHIPMENT CONSIGNMENT INFORMATION

Company Name: **ABC MACHINE COMPANY**
Delivery Address: **100 - 5TH AVENUE**
City: **NEW YORK** Province/State: **NEW YORK** Postal / Zip: **10012-1010**
Name: **JOE BROWN** Telephone: **212-286-2140** Fax Number: **212-286-2100**
Ship Via: Common Carrier Our Company Vehicle Van Line Service Air Freight Service

SECTION 3 CREDIT CARD AUTHORIZATION (NOTE - THIS SECTION MUST BE COMPLETED)

I hereby authorize use of the following credit card for payment of services relative to this order form

CREDIT CARD INFORMATION MUST BE COMPLETED

Charge To: VISA MASTERCARD AMERICAN EXPRESS
Credit Card Number: **123 456 789 012** Expiry: **09 / 03**
Cardholder's Name: **BILL SMITH** Title: **DIRECTOR OF SALES**
Cardholder's Signature: **BILL SMITH**

ORIGINAL SIGNATURE REQUIRED

SECTION 4 INVOICE / STATEMENT INFORMATION

Company Name: **ABC MACHINE COMPANY**
Mailing Address: **100 - 5TH AVENUE**
City: **NEW YORK** Province/State: **NY** Postal / Zip: **10012-1010**
Attention: **BILL SMITH** Telephone: **212-286-2140** Fax Number: **212-286-2100**

SECTION 5 ORDER AUTHORIZED BY

This Form Was Completed By: **JOE BROWN**
(Please Print Full Name)
Title: **DIRECTOR OF MARKETING** Date: **APRIL 17, 2001**