



Customs / Transportation Order Form

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: _____

U.S. Tax # or U.S. IRS ID #: _____

Event Name & Booth #: _____ Booth #: _____

Facility Name: _____

Shipment Date: _____ From (City): _____ Carrier Name: _____

It Consists of (# Cartons): _____ Weight: _____ lbs. kgs.

Our Rep @ Event: _____ Staying At (Hotel): _____ Tel: _____

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: _____

Delivery Address: _____

City: _____ Province/State: _____ Postal / Zip: _____

Name: _____ Telephone: _____ Fax Number: _____

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: _____ Expiry: _____ / _____

Cardholder's Name: _____ Title: _____

Cardholder's Signature: _____

ORIGINAL SIGNATURE REQUIRED

SECTION 4 INVOICE / STATEMENT INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ Province/State: _____ Postal / Zip: _____

Attention: _____ Telephone: _____ Fax Number: _____

Email: _____

SECTION 5 ORDER AUTHORIZED BY

This Form Was Completed By: _____
(Please Print Full Name)

Title: _____ Date: _____