

CUSTOMS

The service of a customs brokerage firm is strongly recommended for all shipments originating outside of Canada. This will eliminate the possibility of materials being held at the border by Canada Customs due to improper or insufficient documentation resulting in these same materials arriving too late or not at all. Mendelsohn Customs and Transportation Services has been appointed as the official customs broker and will maintain staff on-site from the first move-in day to the last move-out day, assist exhibitors with their entry/import and return/export of goods.

Prior to shipping, the enclosed **Order Form** and **Canada Customs Invoice** should be completed and faxed to Mendelsohn (Attn: Andrew Nadstawny Fax: 416-585-8370). Please send three copies with the shipment.

Exhibitors using their own broker will have to arrange their own bond or cash deposit with Canada Customs at the point of entry into Canada.

Mendelsohn will provide the following services:

1. Post the required bonds and securities with Canada Customs;
2. Clear your materials through Canadian Customs;
3. Prepare export documentation and bills of lading;
4. Arrange customs clearance return for ground/air freight;
5. Provide on-site representation to consult and assist you throughout the show.

SHIPPING

In order to facilitate the most efficient and cost effective service possible, Mendelsohn has been appointed the official transportation carrier to handle exhibit shipments. It is not compulsory for exhibitors to use Mendelsohn, but we strongly advise and recommend that you do. This service will not only include free advance warehouse storage for up to 30 days but will also facilitate only one invoice for both your customs and transportation requirements. To obtain a transportation quote, simply complete the **Shipment Order Form** and fax to our transportation department at 416-863-5149.

Shipping Labels Information

Warehouse Shipping Address (accepted before November 18 by 3pm)	Show Site Shipping Address (accepted on November 20 at 10am)
Exhibitor Name / Booth Number APPrO 2005 Conference & Trade Show c/o Reimer Express / Mendelsohn 5919 Shawson Drive Mississauga, ON L4W 3Y2	Exhibitor Name / Booth Number APPrO 2005 Conference & Trade Show c/o Metro Toronto Convention Centre 222 Bremner Blvd. Toronto, ON M5V 3L9 CANADA

For further information, please contact your event co-ordinator:

Andrew Nadstawny, Event Co-ordinator
Mendelsohn – Customs and Transportation Services
69 Yonge Street, Suite 400
Toronto, ON M5E 1K3 CANADA
Bus: 416-585-8227 Toll: 800-665-4628
Fax: 416-585-8370 Cell: 416-271-2804
Email: anadstawny@livingstonintl.com
Website: www.mend.com

Order Form

Customs and
Transportation Services



The original of this form must be completed to ensure Customs Clearance.
Please accept this as your authority for Customs Clearance and / or Transportation Services.

We wish to use Mendelssohn's services for: (please check one)

- Customs Clearance and Transportation (Shipment Order Form Required) Customs Clearance Only Transportation Only (Shipment Order Form Required)

Section 1 Exhibitor and Shipment Information

Exhibitor / Company Name:

U.S. Tax # or U.S. IRS Identification:

Event Name:

Facility Name:

Event Date/s:

Booth #:

Shipment Date:

From (City, State):

Carrier Name:

It Consists Of (# of Cartons, etc.):

Weight: lbs kgs

Rep At The Event:

Staying At (Hotel):

Tel:

Please do not ship via post or parcel courier – we will not be responsible for timely delivery

Section 2 Return Shipment Consignment Information

Company Name:

Address:

City:

Province / State:

Postal/Zip:

Name:

Tel:

Fax:

Ship Via: Common Carrier Our Company Vehicle Van Line Service Air Freight Service

Section 3 Terms of Payment and Security Deposit (Must be completed)

Credit Card Information must be completed

Charge to: Visa MasterCard American Express

Cardholder Name:

Title:

Card Account Number:

Expiry Date:

Cardholder's Signature: _____

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

Alternative methods of payment are bank wire transfer or pre-payment on credit card. (Receipt 10 days prior to event)

Section 4 Invoicing/Statement Information

Company Name:

Address:

City:

Province/State:

Postal/Zip:

Name:

Tel:

Fax:

This document was completed by (Please print full name):

Title:

Date:

CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

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<p>1 Vendor (Name and Address) / Vendeur (Nom et Adresse)</p>	<p>2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada</p> <p>3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)</p>
<p>4 Consignee (Name and Address) / Destinataire (Nom et Adresse)</p>	<p>5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire) No sale involved</p> <p>6 Country of Transshipment / Pays de transbordement N/A</p> <p>7 Country of Origin of Goods Pays d'origine des marchandises</p> <p style="font-size: small;">If shipment includes goods of different origins, enter origins against items in field 12. Si l'expédition comprend des marchandises d'origines différentes, en préciser la provenance en 12.</p>
<p>VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?</p> <p>YES <input type="checkbox"/> OUI NO <input checked="" type="checkbox"/> NON</p>	<p>9 Condition of Sales and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) Conditions de vente et modalités de paiement (p. Ex. Vente, Expédition en consignation, location de marchandises, etc.) No sale involved</p>
<p>8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada</p>	<p>10 Currency of Settlement / Devises du paiement</p>

11	12	13	Replacement Value Valeur de Remplacement	
No. of Pkgs. Nbre. De Colis	Specification of Commodities (Kind of Packages Marks and Numbers, General Description and Characteristics i.e. Grade Quality) Designation des articles (Nature des colis, marques et numéros, description générale et caractéristiques. P. Ex. Classe, qualité)	Quantity (State Unit) Quantité (Préciser l'unité)	14 Unit Price Prix Unitaire	15 Total

<p>XI.1 Total Number of Pieces / Nombre total de pièces</p>	<p>16 Total Weight / Poids total</p> <p>Net N/A Gross / Brut</p>
<p>18 If any fields of 1 to 17 are included on an attached commercial invoice, check this box Si les renseignements des zones 1 à 17 figurent sur la facture commerciale cocher cette case</p> <p>Commercial Invoice No. / No. De la facture commerciale _____ <input type="checkbox"/></p>	<p>17 Invoice Total Total de la facture</p>

<p>19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)</p> <p style="text-align: center;">Name: Tel: Fax:</p>	<p>20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse)</p> <p style="text-align: center;">Name: Tel: Fax:</p>
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<p>21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/A</p>	<p>22 If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cocher cette case <input checked="" type="checkbox"/></p>	
<p>23</p>	<p>24</p>	<p>25</p>

Shipment Order Form

Customs and
Transportation Services



Tel: (416)863-9339
Toll Free: (800)665-4628
Fax: (416)863-5149

To obtain a quotation for Mendelssohn Transportation Services, please complete this form and fax to (416)863-5149.

Section 1 Pick-Up Information

Shipper: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Tel: _____ Fax: _____
Hours of Operation: _____ Dock: Yes No Lift Gate Required: Yes No
Inside Pick-Up: Yes No Pick-Up Date: _____ To Arrive By: _____

Section 2 Freight Information

COMMODITY: Exhibit Related Articles

# of Pieces	Box/Crate/etc.	Length	Width	Height	Per Piece
		@ Dimensions Each:			@ Weight Each:
		@ Dimensions Each:			@ Weight Each:
		@ Dimensions Each:			@ Weight Each:
		@ Dimensions Each:			@ Weight Each:
		@ Dimensions Each:			@ Weight Each:
		@ Dimensions Each:			@ Weight Each:
		@ Dimensions Each:			@ Weight Each:
		@ Dimensions Each:			@ Weight Each:
		@ Dimensions Each:			@ Weight Each:

Total Weight:

Section 3 Event Information

Event Name: _____
Event Location: _____
Consignee / Exhibitor Name: _____ Booth #: _____
Address: _____

- Upon receipt of this completed form, Mendelssohn Transportation Services will issue a quotation based on the information provided.
- In order to book your pick-up, the quotation must be signed and faxed back to (416)863-5149.
- All quotations provided by Mendelssohn Transportation Services are for Transportation ONLY and DO NOT include Customs Brokerage Charges.
- To receive a quotation for Customs Brokerage Charges and/or Cargo Insurance, a Canada Customs Invoice/Commercial Invoice must be provided.