

NORTH AMERICAN LOGISTICS SERVICES INC.

OFFICIAL SUPPLIER



FEBRUARY 6-9, 2020 AT THE OLYMPIC STADIUM, MONTRÉAL

CUSTOMS BROKERAGE, FREIGHT, ADVANCE WAREHOUSE SERVICES

AS YOUR OFFICIAL SUPPLIER HERE ARE THE SERVICES WE OFFER

- A team with expertise in the convention and trade show business.
- Customs clearance of all goods.
- Transportation service "to" and "from" the show, from any point in the U.S.A. and the world, including 30 days free advance warehousing (when using our transport services).
- On site experienced personnel from the first move-in day, during the entire event until the last move-out day.
- Preparation of all documents for the return of convention and exhibit material.

FOR FURTHER INFORMATION, PLEASE CONTACT:

Fernando Vera: fvera@nalsi.com

Andres Valdes: avaldes@nalsi.com

Phone: 514-868-6650

• Toll Free: (877) 332-8987

• Fax: 514-868-6651

Quote ID# _____

FB# _____

ORDER FORM: Customs Brokerage & Transportation Services

We wish to use North American Logistics Services for: (Please check one)

☐ Customs Clearance & Transportation ☐ Customs Clearance Only ☐ Transportation Only

Section 1 - Exhibitor and Event Information

Pick Up Address	***Company name or facility name***			
	Location Name: _____			
	Address: _____		City: _____	Prov./State: _____ Postal/Zip: _____
	Contact: _____	Phone #: _____	Email: _____	US Tax #/EIN: _____
Pick-up date: _____		Operating hours: _____		

Delivery Address	***Company name or facility name***			
	Location Name: _____		Delivery Date: _____	Time: _____
	Address: _____		City: _____	Prov./State: _____ Postal/Zip: _____
	Contact: _____	Phone #: _____	Email: _____	US Tax #/EIN: _____
Exhibitor Name: _____		Event Name: _____	Event Date(s): _____	Booth #: _____

☐ Return freight same as pickup address If same, only complete pickup date/time information ☐ Return services not required

Return Freight	***Company name or facility name***			
	Location Name: _____		Pickup Date: _____	Time: _____
	Address: _____		City: _____	Prov./State: _____ Postal/Zip: _____
	Contact: _____	Phone #: _____	Email: _____	US Tax #/EIN: _____
Exhibitor Name: _____		Event Name: _____	Event Date(s): _____	Booth #: _____

Section 2 - Carrier/ Shipment Information

Name of carrier providing transportation services <input type="checkbox"/> NALSI <input type="checkbox"/> Other				
Number of Pieces	Dimensions (inches)			Weight (LBS)
Carton/Boxes	L	W	H	
Crates/Fiber Case	L	W	H	
Skid/Pallet	L	W	H	
Carpet/Other	L	W	H	
TOTAL				
Additional Services: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery				
53ft trailer accessible? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Loading dock available? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you require additional Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Declared Value: <small>***for insurance purposes only***</small> _____				
Cargo Insurance (only to be completed when using NALSI Transportation) **Please note additional fee's will apply for insurance coverage**				

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

Send Bill To:	Company Name: _____		Address: _____	
	Address: _____		Email: _____	City: _____
	Prov./State: _____	Postal/Zip: _____	Contact Name: _____	Phone #: _____

Invoices are processed electronically and transmitted to email provided.

Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:	Card Account #:	Expiry Date:	CVC #:
Cardholder's Signature: _____		Email: _____	I hereby authorize the use of this credit card for payment of services related to this order form.
<input type="checkbox"/> OPTION #1 Process payment automatically on credit card provided. A 5%administration fee will be added to invoices paid by credit card.			
<input type="checkbox"/> OPTION #2 Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5%administration fee will be added to invoices paid by credit card.			

Please complete, print, sign and return completed forms to

Toronto/Head Office
Tel: 905.951.1612

Montreal/Eastern Region
Tel: 514.868.6650

Calgary/Prairie Region
Tel: 403.851.1152

Vancouver/Western Region
Tel: 778.328.2841

TRANSPORT FROM THE WAREHOUSE TO THE SHOW SITE FORM

IF YOU ARE SHIPPING FROM U.S.A. TO THE ADVANCE WAREHOUSE, SHIPMENTS MUST BE CLEARED AT THE BORDER.

Transport Services From the Advance Warehouse to the Show Site Fees:

Fees	0 to 500 lbs: Minimum \$ 205.00 + fuel surcharge + taxes
	500 lbs and over : \$ 205.00 + \$ 0.12/ lb + fuel surcharge + taxes

GOOD MUST BE RECEIVED AT OUR WAREHOUSE 10 DAYS BEFORE THE FIRST DAY OF THE EVENT, AFTER THIS DATE A 25% WILL BE APPLIED FOR LATE ARRIVAL SURCHARGE

Advance Warehouse Address

c/o YRC 1725 Chemin St-François Dorval, Qc H9P 2S1	Exhibitor Name:
	Event Name:
	Event Date(s):
	Booth #:

Carrier/ Shipment Information

Name of carrier providing transportation services:	PRO #:	
Goods Shipped From:	Shipping Date:	
Number of Pieces	Dimensions (inches)	Weight (LBS)
Carton/Boxes	L W H	
Crates/Fiber Case	L W H	
Skid/Pallet	L W H	
Carpet/Other	L W H	
TOTAL		
IMPORTANT: North American logistics Services Inc. cannot accept uncrated goods. This merchandise must be delivered directly to the exhibit hall.		

Please make sure all arrangements have been made for your carrier to pick-up your freight from the show site address at the end of the event.

Terms of Payment and Security Deposit (Must be completed)

Send Bill To:	Company Name:	Address:
	Address:	Email: City:
	Prov./State: Postal/Zip:	Contact Name: Phone #:

Invoices are processed electronically and transmitted to email provided.

Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:	Card Account #:	Expiry Date:	CVC #:
Cardholder's Signature:	Email:	I hereby authorize the use of this credit card for payment of services related to this order form.	
<input type="checkbox"/> OPTION #1 Process payment automatically on credit card provided. A 5%administration fee will be added to invoices paid by credit card.			
<input type="checkbox"/> OPTION #2 Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5%administration fee will be added to invoices paid by credit card.			

If you are sending material to the advanced warehouse, you must complete and return this form to:
North American Logistics Services Inc. Fax: 514-868-6651 or fvera@nalsi.com or avaldes@nalsi.com