

Customs & Transportation Services Order Form

Continuous Authority granted

Please accept this as authority for Davidson & Sons Customs Brokers Ltd., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Davidson & Sons Customs Brokers Ltd., Standard Trading Conditions, including but not limited to: 1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods.

In signing this form, I grant Davidson & Sons Customs Brokers Ltd., full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

SH	ow/Event											
Show/Event Name: Show/Event Dates: Services Required (please check one): Output Outpu												
		Clearance and Transportati	on Customs Clearand	ce Oi		Transportation Only			Advance Warehouse			
	Company Name:					Company Name:			Booth #:			
	IRS #: Address:					Facility Name: Address:						
Shipper Info.					/ In	Address:						
ē	Address: Address: City: State/Prov: Zip/Post: Output City: State/Prov: Zip/Post: Output City: State/Prov: Zip/Post: Output City: State/Prov: Zip/Post:											
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	E-mail:		Fax:			E-mail:						
	Same as Shipper								Same as	s Shipper		
Return Freight Info.	Company Name: IRS #:					Company Name: Importer # (if applicable):						
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turi	City:	State/Prov:	Zip/Post:			City:		State/Prov:	Zip/Post:			
Re	Contact Name: Tel: E-Mail: Fax:					Contact Na	ime:		Tel:			
	E-Mail:		E-mail: Fax:									
	Terms of Payment and Security Deposit – MUST BE COMPLETED											
Payment Info.	Charge to: Visa MasterCard American Express ** 5% Credit Card Service Fee Applied to all transactions **											
	Cardholder Name: Title:											
าคท	Credit Ca	rd Number:			Exp	oiry Date:		CVC:				
Payn	I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00).											
	Cardholder Signature: Date:											
	Carrier Name (if not using DS): Carrier Contact Name:											
	Carrier Contact Tel: Carrier Contact E-mail:											
							lours of Operation: Delivery Time/Window:					
	# of	Type of Pieces										
	Pieces	(Box/Crate/Skid, etc.)		Ler	ngth	Width	Height		Per Piece	Total		
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Requested Service Level:									·····3···			
	Additional Services Required:											
	Cargo Insurance / Declared Value This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (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 additional Cargo Insurance has been arranged with Davidson & Sons Ltd. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson & Sons Ltd. for more information on Cargo Insurance.											
То	rms & Con											
			ng that we hereby release Davidson &	Sons	s Ltd. a	and/or agents	from all liab	ility for loss, damage and/or	theft to our mercl	handise and		
			ured all such properties being handled son & Sons Ltd. will not be responsible									
3)	Davidson &	Sons Ltd. liability is outlined	in the above Cargo Insurance / E	Declar	ed Va	lue section.	We are s	elf-insured, or have made	other appropriate	e insurance		
			avidson & Sons Ltd. shall not be liable or damage to materials. 5) All hazardo									
CI	ient Signat	ure						Sons Customs Brok				
I have read and agree to the terms of this contract. Signature:						Signature:						
Name:					Name:							
Title:					Title:							
Date:						Date:						

Telephone: +1 (604) 681-5132 Fax: +1 (604) 681-2601 remy@davidsonandsons.com

www.davidsonandsons.com



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In signing this form, I grant Davidson & Sons Customs Brokers Ltd., full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Show/Event Name: NAME OF THE EVENT/ SHOW YOU ARE ATTENDING Show/Event Dates: DATES THE SHOW/EVENT IS BEING H Services Required (please check one): Customs Clearance Only Transportation Only Advance Ware Customs Clearance and Transportation Customs Clearance Only Transportation Only Advance Ware Company Name: ABC COMPANY Company Name: ABC COMPANY Booth #: Facility Name: SHOW/EVENT VENUE NAME Address: 123 SOMEPLACE AVENUE Other State/Prov: NY Zip/Post: 10000 City: NEW YORK State/Prov: NY Zip/Post: 10000 City: VANCOUVER State/Prov: BC Zip/Post: Outgoing Company Name: ABC COMPANY COM Fax:555-555-1234 E-mail: JDOE@ABCCOMPANY.COM Eaclify Name: ABC COMPANY Same as Shipper Company Name: ABC COMPANY Xame as Shipper Xame Same Company Name: ABC COMPANY Zip/Post: Importer # (if applicable): Address: 123 SOMEPLACE AVENUE Sull TE 123 City: NEW YORK State/Prov: NY Zip/Post: 10000 City: NEW YORK State/Prov: NY <th></th>										
Customs Clearance and Transportation Customs Clearance Only Transportation Only Advance Ware Company Name: ABC COMPANY Booth #: Facility Name: ABC COMPANY Booth #: IRS #: 12-3456789 Address: 123 SOMEPLACE AVENUE Address: VENUE ADDRESS Suite 123 City: NEW YORK State/Prov: NY Zip/Post: 10000 City: VANCOUVER State/Prov: BC City: NEW YORK State/Prov: NY Zip/Post: 10000 On-site Contact: JANE DOE Cell: 555- E-mail: JSMITH@ABCCOMPANY.COM Fax:555-555-4321 E-mail: JDDE@ABCCOMPANY.COM Xame										
IRS #: 12-3456789 Facility Name: SHOW/EVENT VENUE NAME Address: 123 SOMEPLACE AVENUE Address: VENUE ADDRESS SUITE 123 SUITE 123 City: NEW YORK State/Prov: NY Zip/Post: 10000 Contact Name: JOHN SMITH Tel: 555-555-1234 E-mail: JSMITH@ABCCOMPANY.COM Fax:555-555-4321 Same as Shipper Same	100									
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City: NEW YORK State/Prov: NY Zip/Post: 10000 City: NEW YORK State/Prov: NY Zip/Post:										
E-Mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-4321 E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-	155-4321									
Terms of Payment and Security Deposit – MUST BE COMPLETED										
Charge to: 🗌 Visa 🛛 MasterCard 🔄 American Express										
Cardholder Name: JOHN SMITH Title: CFO										
Charge to: Visa MasterCard American Express Cardholder Name: JOHN SMITH Title: CFO Credit Card Number: 1234 5678 9123 4567 Expiry Date: 01/19 CVC: 123 I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00).										
I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00).										
Cardholder Signature: John Smith Date: DD/MM/YYYY										
Carrier Name (if not using DS): NAME OF TRANSPORATION COMPANY Carrier Contact Name: TRANSPORTATION COMPANY CONTACT PERSON										
Carrier Contact Tel: TRANSPORTATION COMPANY PHONE # Carrier Contact E-mail: TRASNPORTATION COMPANY E-MAIL ADDRESS										
Pick-up Date: DATE TRANSPORTATION COMPANY WILL PICK - UP FREIGHT Hours of Operation: HOURS THAT YOUR COMPANY IS OPEN FOR PICK-UP Delivery Date: DATE THAT THE FREIGHT NEEDS TO BE DELIVERED DELIVERE										
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Telephone: +1 (604) 681-5132 Fax: +1 (604) 681-2601 remy@davidsonandsons.com