

## Order Form

Customs and  
Transportation Services

**MENDELSSOHN**  
EVENT LOGISTICS

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 Event Logistics 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:

E-Mail:

Cell Phone Number:

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).

**\*\*NOTE:** A 2% administrative fee (minimum \$25.00) will be charged for all credit card declines.

### 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:

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☒ 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: ABC Distributing Company

U.S. Tax # or U.S. IRS Identification: 10-9999999

Event Name: International Computing Event

Facility Name: Event Facility Event Date/s: Apr 14/07 - Apr 17/07 Booth #: 234

Shipment Date: Apr 3/07 From (City, State): Chicago, IL Carrier Name: Mendelssohn Event Logistics

It Consists Of (# of Cartons, etc.): 11 Weight: 300 ☒ lbs ☐ kgs

Rep At The Event: Joe Smith E-Mail: jsmith@domain.com Cell Phone Number: 416-555-1234

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: ABC Distributing Company

Address: 125 Elm Street

City: Chicago Province / State: IL Postal/Zip: 66666-6666

Name: Sandy Smith Tel: 708-555-1212 Fax: 708-555-2222

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: Joe Smith Title: Accounting Manager

Card Account Number: 123456789012 Expiry Date: 12/09

Cardholder's Signature: Joe Smith

☒ 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).

\*\*NOTE: A 2% administrative fee (minimum \$25.00) will be charged for all credit card declines.

### Section 4 Invoicing/Statement Information

Company Name: ABC Distributing Company

Address: 125 Elm Street

City: Chicago Province/State: IL Postal/Zip: 66666-6666

Name: Joe Smith Tel: 708-555-1200 Fax: 708-555-1201

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

Title: Accounting Manager Date: March 14, 2007



CANADA CUSTOMS INVOICE / FACTURE DES DOUANNES CANADIENNES

Page of/de

1 Vendor (Name and Address) /Vendeur (Nom et Adresse)		2 Date of Direct Shipment to Canada Date d'expédition directe vers le Canada		
		3 Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)		
4 Consignee (Name and Address) /Destinataire (Nom et Adresse)		5 Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire) <b>No sale involved</b>		
		6 Country of Transhipment / Pays de transbordement <b>N/A</b>		
		7 Country of Origin of Goods Pays d'origine des marchandises	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.	
VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?  YES <input type="checkbox"/> OUI NO <input checked="" type="checkbox"/> NON		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.) <b>No sale involved</b>		
8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada		10 Currency of Settlement / Devises du paiement		
11 No. of Pkgs. Nbre. De Coils	12 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)	13 Quantity (State Unit) Quantité (Préciser l'unité)	Replacement Value Valeur de Remplacement	
			14 Unit Price Prix Unitaire	15 Total
XI.1 Total Number of Pieces / Nombre total de pièces				
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  Commercial Invoice No. / No. De la facture commerciale _____ <input type="checkbox"/>		16 Total Weight / Poids total		17 Invoice Total Total de la facture
		Net N/A	Gross / Brut	
19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)  Name:  Tel:  Fax:		20 Originator (Name and Address) Expéditeur d'origine (Nom et adresse)  Name:  Tel:  Fax:		
21 Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) <b>N/A</b>		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"/>		
23	24	25		



CANADA CUSTOMS INVOICE / FACTURE DES DOUANES CANADIENNES

Page 1 of/de 1

<b>1</b> Vendor (Name and Address) / Vendeur (Nom et Adresse)  ABC Distributing Company 125 Elm Street Chicago, IL 66666-6666		<b>2</b> Date of Direct Shipment to Canada Date d'expédition directe vers le Canada  4/3/2007		
<b>4</b> Consignee (Name and Address) / Destinataire (Nom et Adresse)  ABC Distributing Company / Booth 234 International Computing Event c/o Event Facility 100 Anywhere Street Toronto, ON M7W 2P6		<b>3</b> Other References (Include Purchaser's Order No.) Autres références (inclure le no de commande de l'acheteur)  10-9999999		
		<b>5</b> Purchaser's Name and Address (if other than Consignee) Nom et Adresse de l'acheteur (s'il diffère du destinataire)  No sale involved		
		<b>6</b> Country of Transshipment / Pays de transbordement  N/A		
		<b>7</b> Country of Origin of Goods Pays d'origine des marchandises  USA	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.	
		<b>9</b> 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 consignment, location de marchandises, etc.)  No sale involved		
<b>VII. 1</b> Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?  YES <input type="checkbox"/> OUI NO <input checked="" type="checkbox"/> NON		<b>10</b> Currency of Settlement / Devises du paiement  USD		
<b>8</b> Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada  Mendelssohn Event Logistics, Chicago, IL				
<b>11</b> No. of Pkgs. Nmbre. De Coillis	<b>12</b> 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)	<b>13</b> Quantity (State Unit) Quantité (Préciser l'unité)	<b>Replacement Value</b> Valeur de Remplacement	
			<b>14</b> Unit Price Prix Unitaire	
			<b>15</b> Total	
2 pcs	Wooden Crates - Display Booth (backwalls, lights, graphics, carpets)	1	\$5000.00	\$5000.00
2 pcs	Cartons - Advertising Brochures / Catalogs / Technical Literature	1000	\$0.10	\$100.00
1 pc	Carton - Plastic Key Chains	50	\$0.50	\$25.00
1 pc	Carton - Books	50	\$1.00	\$50.00
3 pcs	Crates - Computers	3	\$1000.00	\$1000.00
2 pcs	Crates - Computer Monitors	2	\$500.00	\$1000.00
<b>XI.1</b> Total Number of Pieces / Nombre total de pièces 11				
<b>18</b> 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  Commercial Invoice No. / No. De la facture commerciale <input type="checkbox"/>		<b>16</b> Total Weight / Poids total		<b>17</b> Invoice Total Total de la facture  \$7,175.00
		Net N/A	Gross / Brut 300 lbs	
<b>19</b> Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)  Name: Tel: Fax:		<b>20</b> Originator (Name and Address) Expéditeur d'origine (Nom et adresse)  ABC Distributing Company Name: Joe Smith 125 Elm Street Tel: 708-555-1212 Chicago, IL Fax: 708-555-1201 66666-6666		
<b>21</b> Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/A		<b>22</b> 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"/>		
<b>23</b>	<b>24</b>	<b>25</b>		

## Shipment Order Form

Customs and  
Transportation Services

Tel: (514)987-2700  
Toll Free: (800)665-4628  
Fax: (514)849-3446

**MENDELSSOHN**  
EVENT LOGISTICS

To obtain a quotation for Mendelssohn Event Logistics Transportation Services, please complete this form and fax to (514)849-3446.

### Section 1 Pick-Up Information

Shipper:		
Address:		
City:	State:	Zip:
Contact:	Tel:	Fax:
Hours of Operation:	Dock: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lift Gate Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Inside Pick-Up: <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
		@ 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 Event Logistics 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 (514)987-3446.
- All quotations provided by Mendelssohn Event Logistics 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.

## Shipment Order Form

Customs and  
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Tel: (514)987-2700  
Toll Free: (800)665-4628  
Fax: (514)849-3446

**MENDELSSOHN**  
EVENT LOGISTICS

To obtain a quotation for Mendelssohn Event Logistics Transportation Services, please complete this form and fax to (514)849-3446.

### Section 1 Pick-Up Information

Shipper: ABC Distributing Company

Address: 125 Elm Street

City: Chicago

State: IL

Zip: 66666

Contact: Joe Smith

Tel: 708-555-1212

Fax: 708-555-2222

Hours of Operation: 9:00 am - 5:00 pm

Dock: ☒ Yes ☐ No

Lift Gate Required: ☐ Yes ☒ No

Inside Pick-Up: ☐ Yes ☒ No

Pick-Up Date: April 3/07

To Arrive By: April 9/07

### Section 2 Freight Information

COMMODITY: Exhibit Related Articles

# of Pieces	Box/Crate/etc.		Length	Width	Height		Per Piece
7	Crates	@ Dimensions Each:	22	13	18	@ Weight Each:	27 lbs
4	Cartons	@ Dimensions Each:	12	12	12	@ Weight Each:	28 lbs
		@ 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: 301 lbs

### Section 3 Event Information

Event Name: International Computing Event

Event Location: Event Facility

Consignee / Exhibitor Name: ABC Distributing Company

Booth #: 234

Address: 100 Anywhere Street

Toronto, ON

M7W 2P6

- Upon receipt of this completed form, Mendelssohn Event Logistics 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 (514)849-3446.
- All quotations provided by Mendelssohn Event Logistics 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.