

Show / Event Name:	Show / Event Dates:
Services Required (Please select one):	
Customs Clearance and Shipping Services	Custom Clearance Only
	Shipping Only

SHIPPER INFO (SHIPPING FROM)		
Company Name:		
IRS#		
Address:		
City:	State/Prov:	Zip/Post:
Contact Name:	Tel:	
Email:	Fax:	

DELIVERY INFO (GOING TO)		
Company Name:		Booth#
Venue Name:		
Address:		
City:	State/Prov:	Zip/Post:
On-site Contact Name:	Cell:	
Email:		

RETURN SHIPPING INFORMATION			SAME AS SHIPPER
Company Name:			
IRS#			
Address:			
City:	State/Prov:	Zip/Post:	
Contact Name:	Tel:		
Email:	Fax:		

INVOICING INFORMATION			SAME AS SHIPPER
Company Name:			
IRS#			
Address:			
City:	State/Prov:	Zip/Post:	
Contact Name:	Tel:		
Email:	Fax:		

POWER OF ATTORNEY	
<small>PLEASE ACCEPT THIS AS AUTHORITY FOR BEYOND BORDERS LOGISTICS & CONSULTING INC IN PARTNERSHIP WITH WITH THEIR 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 OF GOODS BUT NOT LIMITED TO:</small>	
<small>1. THE RELEASE OF AND ACCOUNTING FOR GOODS, DOCUMENT AND DATA REPARATION, PAYMENT OF, AND REFUND, OF ALL GOVERNMENT DUTIES, TAXES AND LEVIES IN RESPECT OF IMPORTED AND EXPORTED GOODS RELEASED OR TO BE RELEASED; AND</small>	
<small>2. THE TRANSPORTATION, WAREHOUSING, AND DISTRIBUTION OF SUCH GOODS.</small>	
<small>-IN SIGNING THIS FORM, I GRANT BEYOND BORDERS LOGISTICS & CONSULTING INC. IN PARTNERSHIP WITH WITH THEIR LICENSED CUSTOMS BROKER OF RECORD FULL POWER AND AUTHORITY TO APPOINT A SUB-AGENT, WHERE REQUIRED.</small>	

SHIPMENT INFORMATION	
Carrier (If not using Beyond Borders):	Carrier Contact Name:
Carrier Contact Tel:	Carrier Contact Email:
Pick-up Date:	Hours of Operation:
Delivery Date:	Delivery Time:

# of Pieces	Type of Pieces (Box / Crate / Skids, etc.)	Length (Inches) X Width (Inches) X Height (Inches)		Per Piece (LBS)	Total (LBS)
		X X	@ Weight (LBS) Each		
		X X	@ Weight (LBS) Each		
		X X	@ Weight (LBS) Each		
		X X	@ Weight (LBS) Each		
		X X	@ Weight (LBS) Each		
		X X	@ Weight (LBS) Each		
Total Pieces				Total Weight	

Requested Service Level:	Air Freight	2nd Day Expedited	Ground / Truck
Additional Services Required:	Lift Gate	Inside Pick Up / Delivery	Special Service (Please Specify)

Cargo Insurance / Declared Value
This shipment is covered under basic carrier liability, directly 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 Beyond Borders Logistics & Consulting Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact us for more information on Cargo Insurance.

Terms and conditions
This order is placed with the specific understanding that we hereby release Beyond Borders and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled: 1) Beyond Borders shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Beyond Borders will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) Beyond Borders liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) beyond Borders shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws. Beyond Bordes shall not be responsible for AMPS penalties.

CLIENT SIGNATURE	
I have Read and agree to the terms of this contract.	
Signature:	
Name:	
Title:	
Date:	

Alternate Signature if Required	
Signature:	
Name:	
Title:	
Date:	

1. Vendor (name and address) - Vendeur (nom et adresse)		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada	
4. Consignee (name and address) - Destinataire (nom et adresse)		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)	
		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire)	
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada		6. Country of transshipment - Pays de transbordement	
		7. Country of origin of goods Pays d'origine des marchandises	
11. Number of packages Nombre de colis		9. Conditions of sale 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.)	
		10. Currency of settlement - Devises du paiement	
12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)		13. Quantity (state unit) Quantité (précisez l'unité)	
		Selling price - Prix de vente	
		14. Unit price Prix unitaire	15. Total
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>		16. Total weight - Poids total Net <input type="checkbox"/> Gross - Brut <input type="checkbox"/>	
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		17. Invoice total Total de la facture <input type="checkbox"/>	
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse)	
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez :		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input type="checkbox"/>	
(i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada _____	(ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada _____	(i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur <input type="checkbox"/>	(ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises <input type="checkbox"/>
(ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour l'achat _____	(iii) Export packing Le coût de l'emballage d'exportation _____		

Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.



I _____ hereby authorize Beyond Borders Logistics & Consulting Inc. to charge the credit card below for freight charges incurred for services.

*****DECLINED CARDS WILL BE SUBJECT TO A 10% DELIQUENT SURCHARGE*****

Credit Card Visa Mastercard American Express
(Circle One)

Credit Card Number _____

Expiry Date _____

Name on Credit Card _____

Signature _____

Telephone Number _____

Email Address _____

Company Name and Address

Thank you for choosing Beyond Borders Logistics & Consulting Inc. for your Transportation and Customs Services. For any questions please call 905-808-1006.