

North American Logistics Services Inc.
(NALS)
49 Simpson Rd.
Bolton, ON
L7E 2R6

Tel: 416-585-8227
www.nalsi.com



Customs Clearance Services

*20th Annual ACSESS Conference
May 15th – 17th, 2018
Fallsvievw Casino Hotel*

North American Logistics Services Inc. has been appointed as the official customs broker for the **20th Annual ACSESS Conference** to be held at the **Fallsvievw Casino Hotel, May 15th – 17th, 2018**. For all customs needs, we recommend you deal directly with **North American Logistics Services Inc.**

For Customs inquiries please contact:

Joe Macdonald

Tel: 905-951-5499	Mobile: 647-546-1358	Email: jmacdonald@nalsi.com
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Prior to shipping, the **Order Form** and **Canada Customs Invoice (CCI)** should be completed and forwarded to our office (Attn: Joe Macdonald, jmacdonald@nalsi.com). Three copies of the CCI must accompany the shipment.

HAND CARRYING or PRIVATE VEHICLE

For exhibitors who will be arriving by plane or in a private vehicle with their goods, it is necessary that you notify North American Logistics Services Inc. six weeks in advance so that the proper documentation (Pre-Arrival Review System - PARS) can be prepared for the appropriate border crossing.

☞ **Prior to shipping your goods, please send all appropriate customs documents to our office at jmacdonald@nalsi.com.** It is important to provide North American Logistics Services Inc with your carrier's name and tracking number. ☞

COF: Customs Order Form: Mandatory for customs clearance. Without this document North American Logistics Services Inc. does not have authorization to clear shipments. This form also gives the coordinator all the information for the return shipment.

CCI: Canada Customs Invoice: is the mandatory document for anyone shipping exhibit/registration material. Three (3) copies should accompany the shipment (either provide them to the driver picking up your material or tape them onto the shipment).

**When shipping electronic equipment back to the USA after the congress, FCC and FDA forms can apply. Please speak to NALS representative about this.

Order Form

Customs and Transportation Services



Please accept this as authority for North American Logistics Services Inc., 49 Simpson Road Bolton, Ontario L7E 2R6, business # 870051299 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 North American Logistics Services Inc. Standard Trading Conditions, including but not limited to:

- OPTION #1 Process payment automatically on credit card provided. A 5% administration fee will be added to invoices paid by credit card.
- 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.

In signing this form, I grant North American Logistics Services Inc. full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to the event and/or shipment(s) detailed below.

Services Required: (please check one)
 Customs Clearance and Transportation Customs Clearance Only Transportation Only

Shipper Information			
Company Name: ABC DISTRIBUTING COMPANY			
IRS # or U.S. Tax Identification #: 12-3456789			
Address: 125 ELM STREET DOCK DOOR #2			
City: CHICAGO	Province/State: IL	Postal/Zip: 66666	
Contact Name: JOE SMITH	Tel: 708-555-1200		
E-mail: JSMITH@DOMAIN.COM	Fax: 708-555-2222		

Delivery Information			
Exhibitor/Company Name: ABC DISTRIBUTING COMPANY			
Event Name: INT'L MARKETING EVENT		Booth #: 234	
Facility Name: EVENT FACILITY			
Address: 278 SOMEWHERE PLACE			
City: TORONTO	Province/State: ON	Postal/Zip: M5M 2B2	
On-Site Contact: SANDY SMITH	Cell #: 708-555-1234		
E-mail: SSMITH@DOMAIN.COM			

Return Freight				<input checked="" type="checkbox"/> Same as Shipper
Company Name: ABC DISTRIBUTING COMPANY				
IRS # or U.S. Tax Identification #: 12-3456789				
Address: 125 ELM STREET DOCK DOOR #2				
City: CHICAGO	Province/State: IL	Postal/Zip: 66666		
Contact Name: JOE SMITH	Tel: 708-555-1200			
E-mail: JSMITH@DOMAIN.COM				

Billing / Invoicing Information				<input checked="" type="checkbox"/> Same as Shipper
Company Name: ABC DISTRIBUTING COMPANY				
Importer # (if applicable): 123456789RT001				
Address: 125 ELM STREET				
City: CHICAGO	Province/State: IL	Postal/Zip: 66666		
Contact Name: JOE SMITH	Tel: 708-555-1200			
E-mail: JSMITH@DOMAIN.COM	Fax: 708-555-2222			

Shipment Information						
Carrier Name (if not using NALSI):		Contact Name: COORDINATOR NAME Tel: 1-800-665-4628				
Pick-Up Date: APR. 03/14	Hours of Operation: 8:00 AM - 5:00 PM	Delivery Date: APR. 14/14	Time: 11:00 AM			
Requested Service Level:	<input type="checkbox"/> Air <input type="checkbox"/> 2 nd Day <input checked="" type="checkbox"/> Truck					
Additional Services Required:	<input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick-Up/Delivery					
# of Pieces	Box/Crate/Skid etc.	Length	Width	Height	Per Piece	Total
2	SKIDS	@ Dimensions (Inches) Each: 48	48	48	@ Weight (lbs) Each: 375	750
4	CRATES	@ Dimensions (Inches) Each: 45	47	60	@ Weight (lbs) Each: 500	2000
		@ Dimensions (Inches) Each:			@ Weight (lbs) Each:	
		@ Dimensions (Inches) Each:			@ Weight (lbs) Each:	
6	Total				Total Weight:	2750

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 NALSI. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact North American Logistics Services Inc. for more Cargo Insurance information.

Terms of Payment and Security Deposit (Must be completed)

Charge to: Visa MasterCard American Express

Cardholder Name: JOE SMITH Title: OWNER / PRESIDENT

Card Account Number: 1234 5678 9012 3456 Expiry Date: 12/16

I hereby authorize the use of this credit card for payment of services relative to this Order Form.
I understand that a 2% administrative fee (minimum \$50.00) will be charged for all credit card declines.

Cardholder's Signature: *Joe Smith*

Terms and Conditions

This order is placed with the specific understanding that we hereby release North American Logistics Services Inc. 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) North American Logistics Services Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) North American Logistics Services Inc. 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) North American Logistics Services Inc. 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) North American Logistics Services Inc. 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.

Client Signature
I have read and agree to the Terms and Conditions of this Contract.
Signature: <i>Joe Smith</i>
Name: JOE SMITH
Title: OWNER / PRESIDENT
Date: 01/29/2014

Accepted by North American Logistics Services Inc.
Signature:
Name:
Title:
Date:

Order Form

Customs and Transportation Services



Please accept this as authority for North American Logistics Services Inc., 49 Simpson Road Bolton, Ontario L7E 2R6, business # 870051299 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 North American Logistics Services Inc. Standard Trading Conditions, including but not limited to:

- OPTION #1 Process payment automatically on credit card provided. A 5% administration fee will be added to invoices paid by credit card.
- 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.

In signing this form, I grant North American Logistics Services Inc. full power and authority to appoint a sub-agent, where required. This authority is granted for all shipments in relation to the event and/or shipment(s) detailed below.

Services Required: (please check one)

- Customs Clearance and Transportation Customs Clearance Only Transportation Only

Shipper Information		
Company Name:		
IRS # or U.S. Tax Identification #:		
Address:		
City:	Province/State:	Postal/Zip:
Contact Name:	Tel:	
E-mail:	Fax:	

Delivery Information		
Exhibitor/Company Name:		
Event Name:	Booth #:	
Facility Name:		
Address:		
City:	Province/State:	Postal/Zip:
On-Site Contact:	Cell #:	
E-mail:		

Return Freight		<input type="checkbox"/> Same as Shipper
Company Name:		
IRS # or U.S. Tax Identification #:		
Address:		
City:	Province/State:	Postal/Zip:
Contact Name:	Tel:	
E-mail:		

Billing / Invoicing Information		<input type="checkbox"/> Same as Shipper
Company Name:		
Importer # (if applicable):		
Address:		
City:	Province/State:	Postal/Zip:
Contact Name:	Tel:	
E-mail:	Fax:	

Shipment Information

Carrier Name (if not using NALSI):	Contact Name:	Tel:
Pick-Up Date:	Hours of Operation:	Delivery Date:
Requested Service Level:	<input type="checkbox"/> Air <input type="checkbox"/> 2 nd Day <input type="checkbox"/> Truck	Time:
Additional Services Required:	<input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick-Up/Delivery	

# of Pieces	Box/Crate/Skid etc.	Length	Width	Height	@ Weight (lbs) Each:	Per Piece	Total
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
	@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
	Total					Total Weight:	

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 NALSI. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact North American Logistics Services Inc. for more Cargo Insurance information.

Terms of Payment and Security Deposit (Must be completed)

Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:	Title:		
Card Account Number:	Expiry Date:		

I hereby authorize the use of this credit card for payment of services relative to this Order Form.
I understand that a 2% administrative fee (minimum \$50.00) will be charged for all credit card declines.

Cardholder's Signature: _____

Terms and Conditions

This order is placed with the specific understanding that we hereby release North American Logistics Services Inc. 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) North American Logistics Services Inc. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) North American Logistics Services Inc. 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) North American Logistics Services Inc. 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) North American Logistics Services Inc. 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.

Client Signature	
I have read and agree to the Terms and Conditions of this Contract.	
Signature:	
Name:	
Title:	
Date:	

Accepted by North American Logistics Services Inc.	
Signature:	
Name:	
Title:	
Date:	



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

<p>1. Vendor (name and address) - Vendeur (nom et adresse) ABC Distributing Company 125 Elm Street Chicago, IL 66666-6666</p>	<p>2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada <p style="text-align: center;">4/3/2007</p> <p>3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur) 10-9999999</p> </p>
<p>4. 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</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 Various - See Below</p> <p style="font-size: small;">IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.</p>
<p>8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada North American Logistics Services Inc</p>	<p>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.) No sale involved</p> <p>10. Currency of settlement - Devises du paiement USD</p>

11. Number of packages Nombre de colis	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)	14. Selling price - Prix de vente	
			14. Unit price Prix unitaire	15. Total
2 pcs	Wooden Crates - Display Booth (backwalls, lights, graphics, carpets) - USA	1	\$5,000.00	\$5,000.00
2 pcs	Cartons - Advertising Brochures / Catalogs / Technical Literature - USA	1000	\$0.10	\$100.00
1 pc	Carton - Plastic Key Chains - CHINA	50	\$0.50	\$25.00
1 pc	Carton - Books - USA	50	\$1.00	\$50.00
3 pcs	Cases - Computers - CHINA	3	\$1,000.00	\$3,000.00
2 pcs	Cases - Computer Monitors - JAPAN	2	\$500.00	\$1,000.00

<p>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"/></p>	<p>16. Total weight - Poids total Net N/A Gross - Brut 300 lbs</p>	<p>17. Invoice total Total de la facture \$9,175.00</p>
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<p>19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)</p>	<p>20. Originator (name and address) - Expéditeur d'origine (nom et adresse) ABC Distributing Company 125 Elm Street Chicago, IL 66666-6666</p>
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<p>21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)</p>	<p>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 checked="" type="checkbox"/></p>
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<p>23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez :</p> <p>(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</p> <p>(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</p> <p>(iii) Export packing Le coût de l'emballage d'exportation</p>	<p>24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez :</p> <p>(i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada</p> <p>(ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour acheter</p> <p>(iii) Export packing Le coût de l'emballage d'exportation</p>	<p>25. Check (if applicable): Cochez (s'il y a lieu) :</p> <p>(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"/></p> <p>(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"/></p>
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LEAVE BLANK



**CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES**

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 n° 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)	
	6. Country of transshipment - Pays de transbordement	
	7. Country of origin of goods Pays d'origine des marchandises	IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada	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	

11. Number of packages Nombre de colis	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		17. Invoice total Total de la facture
	Net	Gross - Brut	
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)	20. Originator (name and address) - Expéditeur d'origine (nom et adresse)		
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)	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"/>		

23.	24.	25.
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Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.