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Order Form

Customs and Transportation Services



Please accept this as authority for ICECORP Logistics Inc. dba Mendelsohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 12176777RM0001, 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 ICECORP Logistics Inc. 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 released or to be released; and
2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant ICECORP Logistics Inc. dba Mendelsohn Commerce 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.

Event Name: INT'L MARKETING EVENT

Event Dates: APR. 15-17, 2014

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: JOHN DOE		Tel: 708-555-1200	
E-mail: JDOE@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: JOHN DOE		Tel: 708-555-1200	
E-mail: JDOE@DOMAIN.COM			

Billing / Invoicing Information <input type="checkbox"/> Same as Shipper			
Company Name: ABC DISTRIBUTING COMPANY ACCOUNTING DEPT.			
Importer # (if applicable): 123456789RT0001			
Address: 345 OAK AVE.			
City: CHICAGO	Province/State: IL	Postal/Zip: 66667	
Contact Name: JOE SMITH		Tel: 708-555-1255	
E-mail: JSMITH@DOMAIN.COM		Fax: 708-555-1266	

Shipment Information

Carrier Name (if not using Mendelsohn Commerce): MENDELSSOHN COMMERCE Contact Name: COORDINATOR NAME Tel: 905-673-5445

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: Air 2nd Day Truck

Additional Services Required: Lift Gate Inside Pick-Up/Delivery

# of Pieces	Box/Crate/Skid etc.	@ Dimensions (Inches) Each:	Length	Width	Height	@ Weight (lbs) Each:	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	2,000
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
		@ Dimensions (Inches) Each:				@ Weight (lbs) Each:		
6	Total						Total Weight:	2,750

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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn Commerce for more Cargo Insurance information.

Terms of Payment and Security Deposit (Must be completed)

**Due to Payment Card Industry (PCI) compliance rules, we will only be able to obtain your Credit Card Number by phone or fax. A separate Credit Card Authorization form has been provided. Please check off the payment method that has been completed for this order:

- Completed Credit Card Authorization or Preliminary Invoice has been faxed.
 Incomplete Credit Card Authorization or Preliminary Invoice (without Credit Card #) has been e-mailed. I have provided Credit Card # by telephone.

Terms and Conditions

This order is placed with the specific understanding that we hereby release ICECORP Logistics dba Mendelsohn Commerce (Mendelsohn Commerce) 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) Mendelsohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelsohn Commerce 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) Mendelsohn Commerce 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) Mendelsohn Commerce 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: JOE SMITH	
Title: OWNER / PRESIDENT	
Date: 01/29/2014	

Accepted by Mendelsohn Commerce	
Signature:	
Name:	
Title:	
Date:	

Order Form

Customs and Transportation Services



Please accept this as authority for ICECORP Logistics Inc. dba Mendelsohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 121767677RM0001, 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 ICECORP Logistics Inc. 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 released or to be released; and
2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant ICECORP Logistics Inc. dba Mendelsohn Commerce 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.

Event Name: _____ Event Dates: _____

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 Mendelsohn Commerce):		Contact Name:	Tel:
Pick-Up Date:	Hours of Operation:	Delivery Date:	Time:
Requested Service Level:	<input type="checkbox"/> Air <input type="checkbox"/> 2 nd Day <input 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	@ 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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn Commerce for more Cargo Insurance information.

Terms of Payment and Security Deposit (Must be completed)

**Due to Payment Card Industry (PCI) compliance rules, we will only be able to obtain your Credit Card Number by phone or fax. A separate Credit Card Authorization form has been provided. Please check off the payment method that has been completed for this order:

- Completed Credit Card Authorization or Preliminary Invoice has been faxed.
 Incomplete Credit Card Authorization or Preliminary Invoice (without Credit Card #) has been e-mailed. I have provided Credit Card # by telephone.

Terms and Conditions

This order is placed with the specific understanding that we hereby release ICECORP Logistics dba Mendelsohn Commerce (Mendelsohn Commerce) 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) Mendelsohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelsohn Commerce 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) Mendelsohn Commerce 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) Mendelsohn Commerce 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 Mendelsohn Commerce
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>8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada Mendelssohn Commerce, Chicago, IL</p>	<p>7. Country of origin of goods Pays d'origine des marchandises Various - See Below</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</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Net</td> <td style="width:50%;">Gross - Brut</td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">300 lbs</td> </tr> </table>	Net	Gross - Brut	N/A	300 lbs	<p>17. Invoice total Total de la facture <p style="text-align: right;">\$9,175.00</p></p>
Net	Gross - Brut					
N/A	300 lbs					

<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>_____</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>_____</p> <p>(iii) Export packing Le coût de l'emballage d'exportation</p> <p>_____</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>_____</p> <p>(ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour acheter</p> <p>_____</p> <p>(iii) Export packing Le coût de l'emballage d'exportation</p> <p>_____</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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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.		

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