

***NORTH AMERICAN
LOGISTICS SERVICES INC.***



www.nalsi.com



**NORTH AMERICAN
LOGISTICS SERVICES INC.**

www.nalsi.com

VANCOUVER | CALGARY | TORONTO | MONTREAL

OFFICIAL SUPPLIER
SHOW CANADA 2014

June 3-5, 2014

THE *Fairmont*
CHATEAU WHISTLER

FREIGHT & CUSTOMS BROKERAGE INSTRUCTIONS

FREIGHT SERVICES

In order to facilitate the most efficient and cost effective service possible, **Show Canada** has appointed **North American Logistics Services, Inc. (NALS)** as the official freight forwarder for the tradeshow taking place at **The Fairmont Chateau Whistler** over the dates of **June 3-5, 2014**. It is not compulsory to use NALS, but **Show Canada** strongly advises and recommends that you do. This service will also facilitate only one invoice for both your transportation + customs clearance requirements. NALS staff will be available for assistance 24/7 in the days leading up to the event.

CUSTOMS BROKERAGE SERVICES

The service of a customs brokerage firm is strongly recommended by **Show Canada** for all shipments originating outside of Canada. This will eliminate the possibility of materials being held at the border by Canada Customs due to improper or insufficient documentation resulting in these same materials arriving too late or not at all. **Show Canada** has appointed **North American Logistics Services, Inc. (NALS)** as the official customs broker for the tradeshow taking place at **The Fairmont Chateau Whistler** over the dates of **June 3-5, 2014**. NALS staff will assist with the entry/import and return/export of goods for the event and they will be available for assistance 24/7 in the days leading up to the event.

NALS will post the required bonds and securities with Canada Customs; clear all materials through Canadian Customs; after the show prepare export documentation and bills of lading; and arrange U.S. customs clearance for return ground/air freight. If you are shipping from the U.S. please find attached U.S. CBP Form 4455 Certificate of Registration. Be sure to mark the following in the body of your Air Waybill or Bill of Lading: "U.S. Certificate of Registration Form 4455 attached. Goods MUST be presented for examination by U.S. Customs prior to export from the U.S.A. and certified copies must be given to NALS." Prior to shipping, the enclosed **Order Form** and **Canada Customs Invoice** must be completed and sent to NALS (Attention: Mark Fowler, E-mail: mfowler@nalsi.com, or Fax: 778-328-2845). Three copies must accompany the shipment.

Shippers using their own broker will have to arrange their own bond/cash deposit with the CBSA at the point of entry into Canada.



**NORTH AMERICAN
LOGISTICS SERVICES INC.**

www.nalsi.com

VANCOUVER | CALGARY | TORONTO | MONTREAL

Private Vehicles (PV)

With the introduction of AECI (Advance Electronic Cargo Information) on the U.S. side of the border, PAPS (Pre-Arrival Processing System) has become mandatory for most highway shipments entering the U.S. This program requires that all carriers/PV with commercial goods must fax shipment information to the Customs Broker at least 3 hours prior to their arrival at the border. The Customs Broker must then submit the shipment information, in the proper format, to U.S. Customs at least 1 hour prior to the carrier/PV arrival. Carriers who fail to meet AECI / PAPS requirements are subject to penalties. **Carrier/PV penalties are set at \$5,000.00 USD for the first infraction, and \$10,000.00 USD for each infraction thereafter.**

If you plan to drive to the show with your goods, please contact NALSI at once for further instructions. Please contact NALSI as soon as possible to arrange p/u of your materials and to ensure your transportation requirements are fulfilled and if you are shipping from outside or Canada your customs documentation is completed in compliance with the Canada Border Services Agency's rules and regulations.

Complete the enclosed **Order Form** and send to NALSI (Attention: Mark Fowler, E-mail: mfowler@nalsi.com, or Fax: 778-328-2845). Please contact NALSI as soon as possible to schedule the pick-up of your materials.

If you have a question or to receive a quote please contact:

Mark Fowler Director of Operations
Telephone: 778.328.2841
E-mail: mfowler@nalsi.com

Quote ID# _____

FB# _____

ORDER FORM: Customs Brokerage & Transportation Services

We wish to use North American Logistics Services for: (Please check one)

Customs Clearance & Transportation
 Customs Clearance Only
 Transportation Only
 Advance Warehousing

Section 1 - Exhibitor and Event Information

Pick Up Address	<small>***Company name or facility name***</small>			
	Location Name:	Pickup Date:	Time:	
	Address:	City:	Prov./State:	Postal/Zip:
	Contact:	Phone #:	Email:	US Tax #/EIN:
	<small>***Applicable only if pickup is from a tradeshow***</small>			
	Exhibitor Name:	Event Name:	Event Date(s):	Booth #:

Delivery Address	<small>***Company name or facility name***</small>			
	Location Name:	Delivery Date:	Time:	
	Address:	City:	Prov./State:	Postal/Zip:
	Contact:	Phone #:	Email:	US Tax #/EIN:
	<small>***Applicable only if delivering to a tradeshow***</small>			
	Exhibitor Name:	Event Name:	Event Date(s):	Booth #:

Return freight same as pickup address If same, only complete pickup date/time information
 Return services not required

Return Freight	<small>***Company name or facility name***</small>			
	Location Name:	Pickup Date:	Time:	
	Address:	City:	Prov./State:	Postal/Zip:
	Contact:	Phone #:	Email:	US Tax #/EIN:
	<small>***Applicable only if delivering to another tradeshow***</small>			
	Exhibitor Name:	Event Name:	Event Date(s):	Booth #:

Section 2 - Carrier/ Shipment Information

Name of carrier providing transportation services <input type="checkbox"/> NALSI <input type="checkbox"/> Other			
Number of Pieces	Dimensions (inches)		Weight (LBS)
Carton/Boxes	L	W	H
Crates/Fiber Case	L	W	H
Skid/Pallet	L	W	H
Carpet/Other	L	W	H
TOTAL			
Additional Services: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery			
53ft trailer accessible? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Loading dock available? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you require additional Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Declared Value: <small>***for insurance purposes only***</small>			
Cargo Insurance (only to be completed when using NALSI Transportation) <small>**Please note additional fee's will apply for insurance coverage**</small>			

Section 3 - Terms of Payment and Security Deposit (Must be completed)

Send Bill To:	Company Name:	Address:		
	Address:	Email:	City:	
	Prov./State:	Postal/Zip:	Contact Name:	Phone #:

Invoices are processed electronically and transmitted to email provided.

Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:	Card Account #:	Expiry Date:	CVC #:
Cardholder's Signature:	Email:	I hereby authorize the use of this credit card for payment of services related to this order form.	
<input type="checkbox"/> OPTION #1 Process payment automatically on credit card provided. A 5%administration fee will be added to invoices paid by credit card.			
<input type="checkbox"/> 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.			

Please complete, print, sign and return completed forms to

Toronto/Head Office
Tel: 905.951.1612

Montreal/Eastern Region
Tel: 514.868.6650

Calgary/Prairie Region
Tel: 403.851.1152

Vancouver/Western Region
Tel: 778.328.2841



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 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) No sale involved 6 Country of Transshipment / Pays de transbordement N/A 7 Country of Origin of Goods Pays d'origine des marchandises
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	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. 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.) No sale involved
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 Colis	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 Net / N/A Gross / Brut
17 Invoice Total / Total de la facture	

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)
Name: Tel: Fax:	Name: Tel: Fax:

21 Departmental Ruling (if applicable) / Décision ministérielle (s'il y a lieu) N/A	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

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection
CERTIFICATE OF REGISTRATION

19 CFR 10.8, 10.9, 10.68,
148.1, 148.8, 148.32, 148.37

(NOTE: Number of copies to be submitted varies with type of transaction.
Inquire at Port Director's office as to number of copies required.)

NO.

VIA (Carrier)	B/L or INSURED NO.	DATE
NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)	ARTICLES EXPORTED FOR:	
	<input type="checkbox"/> ALTERATION* <input type="checkbox"/> PROCESSING* <input type="checkbox"/> REPAIR* <input type="checkbox"/> OTHER, (specify) _____ <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT _____	
* NOTE: The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.		

LIST ARTICLES EXPORTED

Number Packages	Kind of Packages	Description

SIGNATURE OF OWNER OR AGENT (Print or Type and Sign)	DATE
--	------

The Above-Described Articles Were:

EXAMINED		LADEN under my supervision	
DATE	PORT	DATE	PORT
SIGNATURE OF CBP OFFICER		SIGNATURE OF CBP OFFICER	

CERTIFICATE ON RETURN

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (use reverse if needed)

SIGNATURE OF IMPORTER (Print or Type and Sign)	DATE
--	------

NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0010. The estimated average time to complete this application is 3 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.