

Order Form

Customs and Transportation Services

Please accept this as authority for ICECORP Logistics Inc. dba Mendelssohn 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 Mendelssohn 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.

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

☐ Same as Shipper

Company Name:

IRS # or U.S. Tax Identification #:

Address:

City: Province/State: Postal/Zip:

Contact Name: Tel:

E-mail: Fax:

Billing / Invoicing Information

☐ 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 Mendelssohn Commerce):

Contact Name:

Tel:

Pick-Up Date: Hours of Operation:

Delivery Date:

Time:

Requested Service Level: ☐ Air ☐ 2nd Day ☐ Truck

Additional Services Required: ☐ Lift Gate ☐ 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 Mendelssohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelssohn Commerce for more Cargo Insurance information.

Terms of Payment and Security Deposit (Must be completed)

Charge to: ☐ Visa ☐ MasterCard ☐ 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 ICECORP Logistics dba Mendelssohn Commerce (Mendelssohn 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) Mendelssohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelssohn 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) Mendelssohn 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) Mendelssohn 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 Mendelssohn Commerce

Signature:

Name:

Title:

Date:



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		
4 Consignee (Name and Address) /Destinataire (Nom et Adresse)		3 Other References (Include Purchaser's Order No.) Autres références (inclure le no 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) No sale involved		
		6 Country of Transhipment / Pays de transbordement N/A		
		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.) 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. Nmbre. De Coilis	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) 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		