

Quote ID# _____

FB# _____

ORDER FORM: Customs Brokerage & Transportation Services

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

Customs Clearance & Transportation

Customs Clearance Only

Transportation Only

Section 1 - Exhibitor and Event Information

Company name or facility name		Pickup Date:	Time:
Location Name:			
Address:	City:	Prov./State:	Postal/Zip:
Contact:	Phone #:	Email:	US Tax #/EIN:
Exhibitor Name:	Event Name:	Event Date(s):	Booth #:

Delivery Address	***Company name or facility name***		
	Location Name:	Delivery Date:	Time:
	Address:	City:	Prov./State: Postal/Zip:
	Contact:	Phone #:	Email: US Tax #/EIN:
	Exhibitor Name:	Event Name:	Event Date(s): Booth #:

Return freight same as pickup address Return services not required

Return Freight	***Company name or facility name***		
	Location Name:	Pickup Date:	Time:
	Address:	City:	Prov./State: Postal/Zip:
	Contact:	Phone #:	Email: US Tax #/EIN:
	Exhibitor Name:	Event Name:	Event Date(s): Booth #:

Section 2 - Carrier/ Shipment Information

Name of carrier providing transportation services	NALSI	Other
for insurance purposes only		

Section 3 -Terms of Payment and Security Deposit (Must be completed) , QYRLFHV DUH SURFHVVHG HOHFWURQLFD O

Send Bill To:	Company Name:	(P D L O
	Address:	City: Email :
	Prov./State:	Postal/Zip: Contact Name: Phone #:

& UHGDWG 5HTXLXUDGHWUXUSR VH 2QO\

Cardholder Name:	Card Account #:	Expiry Date:	CVC #:
Visa MasterCard American Express			

3D\PHQWV DUH GXH XSRQ UHFHLSW RI LQYRLFH ,QYRLFHV DUH VXEPLWWHG E\ HPDLO WR WKH FRQWDFW V S U
 VHUYLFHV 25)LQDO ,QYRLFH \RX ZLOO KDYH WKH RSWLRQ RI SD\LQJ E\ RQH RI WKH IROODOp ° € ° YdR0

Please complete, print, sign and return completed forms to Toronto/Head Office Montreal/Eastern Region Vancouver/Western Region
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