BEYOND BORDERS
LOGISTICS & CONSULTING INC.

CUSTOMS & TRANSPORTATION SERVICES ORDER FORM

Email Forms to: ops@beyond-borderslc.com - Tel: 416-771-4065 or 905-808-1006

Show / Event Name: **Show / Event Dates:**

Services Required (Please select one):

☐ Customs Clearance and Shipping Services ☐ Custom Clearance Only ☐ Shipping Only

SHIPPER INFO (SHIPPING FROM)		
Company Name:		
IRS#		
Address:		
City:	State/Prov:	Zip/Post:
Contact Name:		Tel:
Email:		Fax:

DELIVERY INFO (GOING TO)		
Company Name:		Booth#
Venue Name:		
Address:		
City:	State/Prov:	Zip/Post:
On-site Contact Name:		Cell:
Email:		

RETURN SHIPPING INFORMATION ☐ SAME AS SHIPPER		
Company Name:		
IRS#		
Address:		
City:	State/Prov:	Zip/Post:
Contact Name:		Tel:
Email:		Fax:

INVOICING INFORMATION ☐ SAME AS SHIPPER		
Company Name:		
IRS#		
Address:		
City:	State/Prov:	Zip/Post:
Contact Name:		Tel:
Email:		Fax:

POWER OF ATTORNEY

-PLEASE ACCEPT THIS AS AUTHORITY FOR BEYOND BORDERS LOGISTICS & CONSULTING INC IN PARTNERSHIP WITH WITH THEIR 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 OF GOODS 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 BEYOND BORDERS LOGISTICS & CONSULTING INC. IN PARTNERSHIP WITH *WITH THEIR LICENSED CUSTOMS BROKER OF RESCORD* FULL POWER AND AUTHORITY TO APPOINT A SUB-AGENT, WHERE REQUIRED.

SHIPMENT INFORMATION

Carrier (If not using Beyond Borders):	Carrier Contact Name:
Carrier Contact Tel:	Carrier Contact Email:
Pick-up Date:	Hours of Operation:
Delivery Date:	Delivery Time:

# of Pieces	Type of Pieces (Box / Crate / Skids, etc.)	Length (Inches) X Width (Inches) X Height (Inches)			Per Piece (LBS)	Total (LBS)
		X	X	@ Weight (LBS) Each		
		X	X	@ Weight (LBS) Each		
		X	X	@ Weight (LBS) Each		
		X	X	@ Weight (LBS) Each		
		X	X	@ Weight (LBS) Each		
		X	X	@ Weight (LBS) Each		
	Total Pieces				**Total Weight**	

Requested Service Level: ☐ Air Freight ☐ 2nd Day Expedited ☐ Ground / Truck

Additional Services Required: ☐ Lift Gate ☐ Inside Pick Up / Delivery ☐ Special Service (Please Specify)

Cargo Insurance / Declared Value

This shipment is covered under basic carrier liability, directly 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 Beyond Borders Logistics & Consulting Inc. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact us for more information on Cargo Insurance.

Terms and conditions

This order is placed with the specific understanding that we hereby release Beyond Borders 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) Beyond Borders shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Beyond Borders 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) Beyond Borders 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) beyond Borders 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. Beyond Bordes shall not be responsible for AMPS penalties.

CLIENT SIGNATURE I have Read and agree to the terms of this contract.
Signature:
Name:
Title:
Date:

Alternate Signature if Required
Signature:
Name:
Title:
Date:

BEYOND BORDERS
LOGISTICS & CONSULTING INC.

CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

[redacted]

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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)

CDN CUSTOMS CLEARANCE BY BEYOND BORDERS LOGISTICS & CONSULTING
EMAIL PARS TO OPS@BEYOND-BORDERSLC.COM

5. Purchaser's name and address (if other than consignee)
Nom et adresse de l'acheteur (s'il diffère du destinataire)

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 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.)
NO SALE INVOLVED

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 ▶

16. Total weight - Poids total
Net | 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)

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

23. If included in field 17 indicate amount:
Si compris dans le total à la zone 17, précisez :

(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

(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

(iii) Export packing
Le coût de l'emballage d'exportation

24. If not included in field 17 indicate amount:
Si non compris dans le total à la zone 17, précisez :

(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

(ii) Amounts for commissions other than buying commissions
Les commissions autres que celles versées pour l'achat

(iii) Export packing
Le coût de l'emballage d'exportation

25. Check (if applicable):
Cochez (s'il y a lieu) :

(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 ☐

(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 ☐

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

If you require more space, please attach another sheet. - Si vous avez besoin de plus d'espace, veuillez joindre une autre feuille.

BEYOND BORDERS
LOGISTICS & CONSULTING INC.

I _____ hereby authorize Beyond Borders Logistics & Consulting Inc. to charge the credit card below for freight charges incurred for services.

*****DECLINED CARDS WILL BE SUBJECT TO A 10% DELIQUENT SURCHARGE*****

Credit Card Visa Mastercard American Express
(Circle One)

Credit Card Number _____

Expiry Date _____

Name on Credit Card _____

Signature _____

Telephone Number _____

Email Address _____

Company Name and Address

_____

_____

_____

Thank you for choosing Beyond Borders Logistics & Consulting Inc. for your Transportation and Customs Services. For any questions please call 905-808-1006.