Mendelssohn Commerce
1600 Courtneypark Dr. East
Mississauga, ON Canada L5T 2W8

Tel: 905-673-5445
Fax 905-673-2574
1-800-665-4628
www.mend.com

MENDELSSOHN COMMERCE
One Source. One Solution.

Customs Clearance & Transportation Services

Canadian Greenhouse Conference
October 3rd to 5th, 2017 @ Scotiabank Convention Centre

Mendelssohn Commerce has been appointed as the official customs broker and transportation provider for the ***Canadian Greenhouse Conference*** to be held at the ***Scotiabank Convention Centre, October 3rd – 5th, 2017.*** For all customs and shipping needs, we recommend you deal directly with Mendelssohn Commerce.

For Customs and Transportation inquiries please contact:

Joe Macdonald jmacdonald@mend.com

Tel: 905-673-5445 EXT. 224	Fax: 905-673-2574	Cell: 416-258-6034

Prior to shipping, the **Order Form** and **Canada Customs Invoice (CCI)** should be completed and forwarded to our office (Attn: Joe Macdonald, jmacdonald@mend.com). Three copies of the CCI must accompany the shipment. **Please fax the 'Credit Card Authorization Form' to our toll free fax number 1-855-762-1145.**

HAND CARRYING or PRIVATE VEHICLE

For exhibitors who will be arriving by plane or in a private vehicle with their goods, it is necessary that you notify Mendelssohn Commerce six weeks in advance so that the proper documentation (Pre-Arrival Processing System - PAPS) can be prepared for the appropriate border crossing.

☞ **Prior to shipping your goods, please fax all appropriate customs/shipping documents to our office at** 416-591-8589. It is important to provide Mendelssohn Commerce with your carriers name and tracking number if not shipping through Mendelssohn. ☞

ALL SHIPMENTS MUST BE LABELED AS FOLLOWS

For direct to SHOW SITE SHIPMENTS goods can only arrive on move in date: October 3rd 2017
Exhibitor's Name and Booth:
Canadian Greenhouse Conference c/o Scotiabank Convention Centre 6815 Stanley Avenue Niagara Falls, ON L2G 3Y9
Please notify Mendelssohn Commerce for Customs Clearance: 905-673-5445

For shipments to ADVANCE WAREHOUSE Accepted before September 26th 2017
Exhibitor's Name and Booth:
Canadian Greenhouse Conference c/o ABF/ Mendelssohn Commerce 15 Strathearn Avenue Brampton, ON L6T 4P1
Please notify Mendelssohn Commerce for Customs Clearance: 905-673-5445

MENDELSSOHN COMMERCE

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Credit Card Authorization Form

**Due to Payment Card Industry (PCI) compliance rules, we will only be able to obtain your Credit Card Number by phone or fax.

**DO NOT e-mail this form. If you are unable to fax, please contact our office for instructions.

**Please complete this form, and fax it to 1-855-762-1145.

NOTE: This fax # is used ONLY for receipt of Payment Information. It is located in a secured area that is NOT accessible for receipt of other documents and shipment information. All non-payment information (Order Forms, Invoices, Bills Of Lading, etc.) should be sent via e-mail, or faxed to 905-673-2574.

Event Name:

Event Dates:

Invoicing Information

Exhibitor / Company Name:

Address:

City: Province/State:

Postal/Zip Code: Telephone:

E-mail:

Credit Card Information

Charge to: ☐ Visa ☐ MasterCard ☐ American Express

Cardholder Name:

Card Account Number:

Expiry Date:

I hereby authorize the use of this credit card for payment of services relative to this event.
I understand that a 2% administrative fee (minimum $50.00) will be charged for all credit card declines.

Cardholder's Signature: Date (mm/dd/yyyy):

Mendelssohn Event Logistics dba MENDELSSOHN COMMERCE, Division of ICECORP Logistics Inc.

TORONTO, Head Office 1600 Courtneypark Dr. E Mississauga, ON L5T 2W8 T: 905.673.5445 F: 905.673.2574 Payment Fax (Credit Card Secure): 1.855.762.1145	MTCC, North Building 255 Front St. W. Toronto, ON M5V 2W6 T: 416.863.9339 F: 416.863.5149 Payment Fax (Credit Card Secure): 416.863.0301	MTCC, South Building 222 Bremner Blvd., Room 825B Toronto, ON M5V 3L9 T: 416.863.9339 F: 416.591.8589 Payment Fax (Credit Card Secure): 416.863.0301	MONTREAL 276 Rue St. Jacques, Suite 818, Montreal, QC H2Y 2G4 T: 514.987.2700 F: 514.849.3446 Payment Fax (Credit Card Secure): 514.396.5547	CALGARY 2116 - 27TH Ave. N.E., Suite 325 Calgary, AB T2E 7A6 T: 403.291.1694 F: 403.291.7028 Payment Fax (Credit Card Secure): 1.855.762.1145	VANCOUVER 608 Annance Court, Unit 3 Delta, BC V3M 6Y8 T: 604.687.5535 F: 604.687.1463 Payment Fax (Credit Card Secure): 1.855.762.1145

Order Form

Customs and Transportation Services

MENDELSSOHN COMMERCE
One Source. One Solution.

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.

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

☒ 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

☐ 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 Mendelssohn 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.		Length	Width	Height		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 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)

**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 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: Joe Smith
Name: JOE SMITH
Title: OWNER / PRESIDENT
Date: 01/29/2014

Accepted by Mendelssohn Commerce

Signature:
Name:
Title:
Date:

EXAMPLE

Order Form

Customs and Transportation Services

MENDELSSOHN COMMERCE
One Source. One Solution.

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.

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

☐ 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

☐ 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		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)

**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 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 Border Services Agency | Agence des services frontaliers du Canada

CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

PROTECTED B when completed
PROTÉGÉ B une fois rempli

1. Vendor (name and address) - Vendeur (nom et adresse)

ABC Distributing Company
125 Elm Street
Chicago, IL
66666-6666

2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada

4/3/2007

3. Other references (include purchaser's order No.)
Autres références (inclure le n° de commande de l'acheteur)

10-9999999

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

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

Various - See Below

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

Mendelssohn Commerce, Chicago, IL

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

USD

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
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

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: N/A
Gross - Brut: 300 lbs

17. Invoice total
Total de la facture
$9,175.00

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)

ABC Distributing Company
125 Elm Street
Chicago, IL 66666-6666

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.

EXAMPLE
LEAVE BLANK

FOR CUSTOMS CLEARANCE BY:

MENDELSSOHN COMMERCE
TEL: 1-888-827-7469
FAX: 905-673-2574
E-MAIL: mendops@mend.com

CANADA CUSTOMS INVOICE
FACTURE DES DOUANES 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

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)

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 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)

N/A

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.

24.

25.

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.

Advance Warehouse Order Form

Customs and Transportation Services

MENDELSSOHN COMMERCE
One Source. One Solution.

All exhibitors intending to ship to the advance warehouse must complete this form.

Event Name:

Facility Name: Booth #:

Exhibitor:

Shipper:

Address:

Province/State: Postal/Zip Code:

Contact: Tel:

E-mail: Fax:

Shipped via (Carrier Name):

Arrival Date: Delivery Date:

# of Pieces	Box/Crate etc.		Dimensions (Inches) L	W	H		Per Piece (lbs)
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	
		@ Dimensions Each:				@ Weight Each:	

Total # of Pieces: Total Weight:

Credit card information <u>must</u> be complete.

Charge to: ☐ Visa ☐ MasterCard ☐ American Express

Cardholder Name: Title:

Card Account Number: Expiry Date:

Cardholder's Signature:

☐ I hereby authorize the use of this card for payment of services relative to this order form.