

Mendelssohn Commerce  
255 Front Street West  
Toronto, ON M5V 2W6

416-863-9339  
Fax 416-863-5149  
1-800-665-4628  
[www.mend.com](http://www.mend.com)



## Customs Clearance & Transportation Services

### SecTor Conference

November 13<sup>th</sup> – 15<sup>th</sup>, 2017 @ Metro Toronto Convention Centre, South Building

**Mendelssohn Commerce** has been appointed as the official customs broker and transportation provider for the **SecTor Conference** to be held at the **MTCC, November 13<sup>th</sup> – 15<sup>th</sup>, 2017**. For all customs and shipping needs we recommend you deal directly with Mendelssohn Commerce.

For Customs and Transportation inquiries please contact:

**Michele Odhoch**

[modhoch@mend.com](mailto:modhoch@mend.com)

Tel: 905-673-5445 Ext. 268	Fax: 416-863-5149	Cell: 647-272-1506
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Prior to shipping, the **Order Form** and **Canada Customs Invoice (CCI)** should be completed and forwarded to our office (Attn: Michele Odhoch, [modhoch@mend.com](mailto:modhoch@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 <b>SHOW SITE SHIPMENTS</b> goods can only arrive on move in date: November 13 <sup>th</sup> 2017
<b>Exhibitor's Name and Booth:</b>
<p style="text-align: center;"><b>SecTor Conference</b> c/o MTCC, South Building 222 Bremner Blvd. Toronto, ON M5V 3L9</p>
Please notify Mendelssohn Commerce for Customs Clearance: 905-673-5445

For shipments to <b>ADVANCE WAREHOUSE</b> Accepted before November 7 <sup>th</sup> 2017
<b>Exhibitor's Name and Booth:</b>
<p style="text-align: center;"><b>SecTor Conference</b> c/o YRC/ Mendelssohn Commerce 6130 Netherhart Road Mississauga, ON L5T 1B7</p>
Please notify Mendelssohn Commerce for Customs Clearance: 905-673-5445



# Order Form

## Customs and Transportation Services



Please accept this as authority for ICECORP Logistics Inc. dba Mendelsohn Commerce of 1600 Courtneypark Dr. E., Mississauga, ON L5T 2W8; business number 12176777RM0001, 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 Mendelsohn 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

<b>Shipper Information</b>			
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	

<b>Delivery Information</b>			
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			

<b>Return Freight</b> <input checked="" type="checkbox"/> 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			

<b>Billing / Invoicing Information</b> <input type="checkbox"/> 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 Mendelsohn 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  2<sup>nd</sup> Day  Truck

Additional Services Required:  Lift Gate  Inside Pick-Up/Delivery

# of Pieces	Box/Crate/Skid etc.	@ Dimensions (Inches) Each:	Length	Width	Height	@ Weight (lbs) Each:	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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn 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 Mendelsohn Commerce (Mendelsohn 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) Mendelsohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelsohn 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) Mendelsohn 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) Mendelsohn 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.

<b>Client Signature</b>	
I have read and agree to the Terms and Conditions of this Contract.	
Signature: <i>Joe Smith</i>	
Name: JOE SMITH	
Title: OWNER / PRESIDENT	
Date: 01/29/2014	

<b>Accepted by Mendelsohn Commerce</b>	
Signature:	
Name:	
Title:	
Date:	

# Order Form

## Customs and Transportation Services



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

<b>Shipper Information</b>		
Company Name:		
IRS # or U.S. Tax Identification #:		
Address:		
City:	Province/State:	Postal/Zip:
Contact Name:	Tel:	
E-mail:	Fax:	

<b>Delivery Information</b>		
Exhibitor/Company Name:		
Event Name:	Booth #:	
Facility Name:		
Address:		
City:	Province/State:	Postal/Zip:
On-Site Contact:	Cell #:	
E-mail:		

<b>Return Freight</b> <input type="checkbox"/> Same as Shipper		
Company Name:		
IRS # or U.S. Tax Identification #:		
Address:		
City:	Province/State:	Postal/Zip:
Contact Name:	Tel:	
E-mail:		

<b>Billing / Invoicing Information</b> <input type="checkbox"/> 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 Mendelsohn Commerce):		Contact Name:	Tel:
Pick-Up Date:	Hours of Operation:	Delivery Date:	Time:
Requested Service Level:	<input type="checkbox"/> Air <input type="checkbox"/> 2 <sup>nd</sup> Day <input type="checkbox"/> Truck		
Additional Services Required:	<input type="checkbox"/> Lift Gate <input type="checkbox"/> 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 Mendelsohn Commerce. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Mendelsohn 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 Mendelsohn Commerce (Mendelsohn 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) Mendelsohn Commerce shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Mendelsohn 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) Mendelsohn 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) Mendelsohn 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.

<b>Client Signature</b>	
I have read and agree to the Terms and Conditions of this Contract.	
Signature:	
Name:	
Title:	
Date:	

<b>Accepted by Mendelsohn Commerce</b>	
Signature:	
Name:	
Title:	
Date:	



**CANADA CUSTOMS INVOICE**  
**FACTURE DES DOUANES CANADIENNES**

<p>1. Vendor (name and address) - Vendeur (nom et adresse)  <b>ABC Distributing Company</b>  <b>125 Elm Street</b>  <b>Chicago, IL</b>  <b>66666-6666</b></p>	<p>2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada  <p style="text-align: center;"><b>4/3/2007</b></p> <p>3. Other references (include purchaser's order No.)  Autres références (inclure le n° de commande de l'acheteur)  <b>10-9999999</b></p> </p>
<p>4. Consignee (name and address) - Destinataire (nom et adresse)  <b>ABC Distributing Company / Booth 234</b>  <b>International Computing Event</b>  <b>c/o Event Facility</b>  <b>100 Anywhere Street</b>  <b>Toronto, ON</b>  <b>M7W 2P6</b></p>	<p>5. Purchaser's name and address (if other than consignee)  Nom et adresse de l'acheteur (s'il diffère du destinataire)  <b>No sale involved</b></p> <p>6. Country of transshipment - Pays de transbordement  <b>N/A</b></p>
<p>8. Transportation: Give mode and place of direct shipment to Canada  Transport : Précisez mode et point d'expédition directe vers le Canada  <b>Mendelssohn Commerce, Chicago, IL</b></p>	<p>7. Country of origin of goods  Pays d'origine des marchandises  <b>Various - See Below</b></p> <p>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.)  <b>No sale involved</b></p> <p>10. Currency of settlement - Devises du paiement  <b>USD</b></p>

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)	14. 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

<p>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 <input type="checkbox"/></p>	<p>16. Total weight - Poids total</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Net</td> <td>Gross - Brut</td> </tr> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">300 lbs</td> </tr> </table>	Net	Gross - Brut	N/A	300 lbs	<p>17. Invoice total Total de la facture  <p style="text-align: right;"><b>\$9,175.00</b></p> </p>
Net	Gross - Brut					
N/A	300 lbs					

<p>19. Exporter's name and address (if other than vendor)  Nom et adresse de l'exportateur (s'il diffère du vendeur)</p>	<p>20. Originator (name and address) - Expéditeur d'origine (nom et adresse)  <b>ABC Distributing Company</b>  <b>125 Elm Street</b>  <b>Chicago, IL 66666-6666</b></p>
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<p>21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)</p>	<p>22. If fields 23 to 25 are not applicable, check this box  Si les zones 23 à 25 sont sans objet, cochez cette case <input checked="" type="checkbox"/></p>
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<p>23. If included in field 17 indicate amount:  Si compris dans le total à la zone 17, précisez :</p> <p>(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</p> <p>(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</p> <p>(iii) Export packing  Le coût de l'emballage d'exportation</p>	<p>24. If not included in field 17 indicate amount:  Si non compris dans le total à la zone 17, précisez :</p> <p>(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</p> <p>(ii) Amounts for commissions other than buying commissions  Les commissions autres que celles versées pour acheter</p> <p>(iii) Export packing  Le coût de l'emballage d'exportation</p>	<p>25. Check (if applicable):  Cochez (s'il y a lieu) :</p> <p>(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 <input type="checkbox"/></p> <p>(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 <input type="checkbox"/></p>
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LEAVE BLANK

**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 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)	
		6. Country of transhipment - Pays de transbordement	
		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.)	
		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 <input type="checkbox"/>		16. Total weight - Poids total		17. Invoice total Total de la facture
		Net	Gross - Brut	
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 <input type="checkbox"/>		

23.	24.	25.
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Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.

**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 Each:	Dimensions (Inches)			@ Weight Each:	Per Piece (lbs)
			L	W	H		
		@ 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 must 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.