



# Order Form

Customs Brokerage & Transportation Services

Please send completed form to Jeff Davis - Operations  
E-mail: [jdavis@nalsi.com](mailto:jdavis@nalsi.com) or Fax: 905-951-9613

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

Customs Clearance & Transportation       Customs Clearance Only       Transportation Only

## Section 1 Exhibitor and Shipment Information

Exhibitor/Company Name:		
U.S Tax # or U.S IRS Identification #:		
Event Name:	Facility Name:	
Event Date(s):	Booth #:	
Shipment Date:	From (City, State):	Carrier Name:
It consists of (# of Cartons, etc.):	Weight:	<input type="checkbox"/> lbs <input type="checkbox"/> kgs
Representative at the Event:	Tel:	
Email:		

## Section 2 Return Shipment Consignment Information

Company Name:				
Address:				
City:	Province/State:	Postal/Zip:		
Name:	Tel:	Fax:		
Email:				
Ship VIA:	<input type="checkbox"/> Common Carrier	<input type="checkbox"/> Our Company Vehicle	<input type="checkbox"/> Van Line Service	<input type="checkbox"/> Air Freight

## Section 3 Terms of Payment and Security Deposit (Must be completed)

Charge to:       Visa       MasterCard       American Express

Card Holder Name:	Title:
Card Account #:	Expiry Date:

Card Holder's Signature: \_\_\_\_\_

I hereby authorize the use of this credit card for payment of services relative to this order; Alternative methods of payment are bank wire transfer or pre-payment on credit card.

## Section 4 Invoicing/Statement Information

Company name:		
Address:		
City:	Province/Sate:	Postal/Zip:
Name:	Tel:	Fax:
Email:		
This document was completed by (Please print full name):		
Title:	Date:	