

Quote ID# _____

FB# _____

ORDER FORM: Customs Brokerage & Transportation Services

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

Customs Clearance & Transportation Customs Clearance Only Transportation Only Advance Warehousing

Section 1 - Exhibitor and Event Information

Pick Up Address	***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 #:

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 If same, only complete pickup date/time information 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 <input type="checkbox"/> NALSI <input type="checkbox"/> Other				
Number of Pieces	Dimensions (inches)			Weight (LBS)
Carton/Boxes	L	W	H	
Crates/Fiber Case	L	W	H	
Skid/Pallet	L	W	H	
Carpet/Other	L	W	H	
TOTAL				
Additional Services: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery				
53ft trailer accessible? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No Loading dock available? Pickup: <input type="checkbox"/> Yes <input type="checkbox"/> No Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you require additional Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Declared Value: <small>***for insurance purposes only***</small>				
Cargo Insurance (only to be completed when using NALSI Transportation) **Please note additional fee's will apply for insurance coverage**				

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

Send Bill To:	Company Name:	Address:		
	Address:	Email:	City:	
	Prov./State:	Postal/Zip:	Contact Name:	Phone #:

Invoices are processed electronically and transmitted to email provided.

Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name:	Card Account #:	Expiry Date:	CVC #:
Cardholder's Signature:	Email:	I hereby authorize the use of this credit card for payment of services related to this order form.	
<input type="checkbox"/> OPTION #1 Process payment automatically on credit card provided. A 5%administration fee will be added to invoices paid by credit card.			
<input type="checkbox"/> OPTION #2 Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5%administration fee will be added to invoices paid by credit card.			

Please complete, print, sign and return completed forms to order@nalsi.com

Toronto/Head Office
Tel: 905.951.1612

Montreal/Eastern Region
Tel: 514.868.6650

Vancouver/Western Region
Tel: 778.328.2841

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Date: _____

METHOD OF PAYMENT INFORMATION

Terms of Payment and Security Deposit (Must be completed).

Invoices are processed electronically and transmitted to address provided below:

Send Bill To:	Company Name: _____	Address: _____
	Address: _____	Email: _____ City: _____
	Prov./State: _____ Postal/Zip: _____	Contact Name: _____ Phone #: _____

Invoices are processed electronically and transmitted to email provided.

Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Cardholder Name: _____	Card Account #: _____	Expiry Date: _____	CVC #: _____
Cardholder's Signature: _____	Email: _____	I hereby authorize the use of this credit card for payment of services related to this order form.	
<input type="checkbox"/> OPTION #1	Process payment automatically on credit card provided. A 5% administration fee will be added to invoices paid by credit card.		
<input type="checkbox"/> OPTION #2	Payment will follow within 15 days of invoice processing date. (Credit card provided may be charged if payment is not received within 45 days of invoice date). North American Logistics may require payment prior to delivery of goods. A 5% administration fee will be added to invoices paid by credit card.		

Credit card payments on invoices billed in US dollars are processed using the Canadian dollar rate stated on the invoice. Billing errors must be reported within 20 days of invoice date. Terms are net 15 days from invoice date. Interest is payable at the rate of 2% per month, 30 days after invoice date. NSF cheques are subject to an administration fee of \$50.00. Accounts placed to a collection agency are subject to an automatic \$50.00 service charge. Please report any billing inquiries or concerns to accounting@nalsi.com upon receipt of invoice.

By signing above I hereby acknowledge having read and agreed to invoice/payment terms and conditions stated above.