



Exhibition Services

a division of PF Collins Customs Broker Ltd.

ORDER FORM

Please complete and fax to
709-726-7590

*****IMPORTANT*****

You must complete Section 2 to ensure Canada Customs Clearance
Please accept this form as your authority for Customs Clearance
If you require PF Collins' Freight Forwarding services, please complete Section 3.

Section 1 Exhibitor Information

Exhibition:		Booth No.
Exhibitor/Company Name:		
U.S. Tax # or U.S. IRS Identification (U.S. FIRMS ONLY)		
Address:		
City:	Prov/State:	Postal/Zip:
Rep at the Event:	Staying at (hotel):	Tel:

Section 2 Customs Clearance Information

Do you have a Canadian Business Number? Yes No If Yes, please provide #: _____
 Will goods permanently remain in Canada? Yes No *format: 100000000RM0001*

Section 3 Pick-up Request/Return Shipment Information

Do you require PF Collins to provide transport TO AND FROM NEWFOUNDLAND? Yes Please complete (A)
 No Please complete (B)

A Pick-up at:	Return to:
Company:	Company:
Address:	Address:
City/Prov/State/Zip:	City/Prov/State/Zip:
Contact Name:	Contact Name:
Tel: Fax:	Tel: Fax:
Date Goods Available:	Date Required at return destination:
Description of goods (please provide commercial invoice / packing list): _____	
Shipment consists of (# of cartons, etc.): _____	Total Weight: _____ <input type="checkbox"/> lbs <input type="checkbox"/> kgs
Dimensions of each piece: _____	

B Do you require PFC to arrange Return shipping from Newfoundland? Yes No
 If "Yes", please advise:

Company:	Contact:	Tel:
Complete Address:		
Carrier Name:	Carrier Account Number:	

NOTE: Exhibitor must pack own goods, label boxes with Return Address and provide Waybill for return shipping

Section 4 Terms of Payment and Security Deposit (MUST be completed)

Credit Card Information MUST be completed: Charge to: Visa MasterCard American Express
 Cardholder Name: _____ Title: _____
 Card Account Number: _____ Expiry Date: _____
 Cardholder's Signature: _____

I hereby authorize the use of this credit card for payment of services relative to this order form.
Alternative methods of payment are BANK WIRE TRANSFER or PRE-PAYMENT ON CREDIT CARD. (RECEIPT 10 DAYS PRIOR TO EVENT)

This document was completed by (Please PRINT name) _____
 Title: _____ Date: _____