



Global Energy Show Exhibition & Conference

Appointed by:

BMO CENTRE
CALGARY, AB
JUNE 10 - 12, 2025



Customs Clearance & Transportation Services

Cross Connect Customs and Events Logistics Inc. ("Cross Connect") has been appointed by DMG EVENTS as the Official Customs Broker & Transportation Provider for all shipments originating outside of Canada. Please read these instructions in conjunction with the exhibitor's manual provided by the Show Organizer.

These instructions will assist you in preparing for the correct, and timely, dispatch of your shipments; both to and from the event. Cross Connect is pleased to offer a complete logistics package that includes transportation/freight forwarding, customs clearance, delivery, and re-exportation services.

Cross Connect will provide the following services:

- On-site service from the first move-in day to the last day of move-out
- Transportation / Freight Forwarding and Advance Warehousing
- Post all securities and bonds with Canadian Border Services Agency
- Prepare the proper Customs entries to account for any sales you may make & remit the payments to Customs
- Prepare return export documents, bills of lading, shipping labels, and provide U.S. Customs Clearance, when required.

For more information, please contact:

Pat D'Alessandro

Phone: 416-726-7229
E-mail: info@crossconnectcl.com

Kyle Mekhuri

Phone: 647-470-4763
E-mail: info@crossconnectcl.com

Josh Maclean

Phone: 416-710-5618
E-mail: info@crossconnectcl.com

Anthony D'Alessandro

Phone: 416-670-6606
E-mail: info@crossconnectcl.com



GLOBAL ENERGY SHOW EXHIBITION & CONFERENCE has been granted “official recognition status” by Canada Border Services Agency (Canada Customs) allowing certain privileges for event materials entering Canada. Using the official Customs Broker will eliminate the possibility of materials being held at the border by Canada Customs due to improper or insufficient documentation. We will assist all Exhibitors with their temporary imports, permanent entries, export of exhibit materials, and ensure that all qualifying “official recognition status” privileges are applied.

PLEASE NOTE: Failure to comply with the deadlines, consignee, and document instructions, will cause unnecessary delays and may lead to additional charges. For this reason, if you will be using a Freight Forwarder or Customs Broker, other than Cross Connect, please be sure to pass these instructions on to them. Exhibitors using their own Customs Broker will have to arrange their own bond or cash deposit with Canada Customs at the point of entry into Canada.

Consignment Instructions

ADVANCE WAREHOUSE:

The warehouse will start receiving freight 30 days prior to the event from 9am to 3pm, Monday to Friday.

Advance warehouse services include delivery to show site only. MATERIAL HANDLING SERVICES AND CHARGES ARE NOT INCLUDED.

Advance warehouse services are not provided at the conclusion of the event. Your carrier MUST pick up your materials directly from show site during the scheduled move-out time.

Price: \$45.00 PER 100 LBS (400 LBS MINIMUM CHARGE)*

*This price is per shipment/waybill delivery.

For delivery to the Advance Warehouse, consign your shipment to:

**Exhibitor Name, Booth #
c/o GLOBAL ENERGY SHOW EXHIBITION & CONFERENCE
ABF FREIGHT
235077 WRANGLER DRIVE
ROCKY VIEW, AB - T1X 0K3**

DIRECT TO SHOW SITE:

Shipments delivered direct to show site will only be accepted during scheduled move-in dates and times. Shipments arriving early or late will not be accepted.

For delivery Direct to Show Site, consign your shipment to:

**Exhibitor Name, Booth #
c/o GLOBAL ENERGY SHOW EXHIBITION & CONFERENCE
BMO CENTRE
1912 FLORES LADUE PARADE SE,
CALGARY, AB - T2G 2W1**



CROSSCONNECT
CUSTOMS & EVENT LOGISTICS

!!! ATTENTION !!!

The Customs & Transportation Services Order Form is a legally required document. It must be completed and signed by the importer/owner before Customs Brokerage or Transportation Services are provided. When completing the form, please pay close attention to the following:

- **Wet (ink on paper) signatures are required.** Digital or Font-based signatures are not allowed.
- Company names must be the full/complete LEGAL business name, as registered with the Government in the country of operation.
- IRS#/U.S. Tax ID/EIN must be provided for all U.S. companies. Please attach a copy of the company W-9.
- GST/HST# must be provided for all Canadian companies.

E-MAIL: INFO@CROSSCONNECTCL.COM
TEL: 416-639-2176
WEBSITE: WWW.CROSSCONNECTCL.COM

Customs & Transportation Services Order Form



CROSSCONNECT

CUSTOMS & EVENT LOGISTICS

Tel: 416-639-2176

E-mail: info@crossconnectcl.com

Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 8001 Weston Road, Unit 2, Woodbridge, ON L4L 9C8; business number 709076475RM0002, a Customs Broker licensed under the Customs Act, to act as my true and lawful agent and attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Trading Conditions applicable to Customs Services of Cross Connect Customs and Event Logistics Inc., attached hereto. Such business may include, but is not limited to:

1. Assist to set up Client's CARM business account, and/or manage and administer Client's CARM account;
2. 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;
3. The transportation, warehousing, and distribution of such goods; and
4. Undertake, facilitate, assist with and/or perform such other business, tasks, duties, powers and authorities for which Client provides written instructions to Cross Connect at any time and from time to time.

In signing this form, I grant Cross Connect, full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted

THIS FORM MUST BE COMPLETED & SIGNED BY THE CLIENT* (OWNER/IMPORTER).

For events (i.e. trade shows, conventions, etc.) where there is "no sale involved", the Transactional Owner of the Goods must complete this form

Services Required (please check all that apply):

Customs Clearance Transportation Advance Warehouse

| | | |
|-------------------|--|--|
| Event & Exhibitor | Shipment Delivering to (please check one): <input type="checkbox"/> Direct to Event/Show Site <input type="checkbox"/> Advance Warehouse | |
| | Exhibitor Name: | Booth #: |
| | Event Name: | Event Dates: _____ to _____ |
| | Facility/Venue Name: | U.S. IRS # (if applicable): |
| | Facility/Venue Address: | |
| | City: | State/Province: _____ Zip/Postal Code: _____ |
| | Country: | On-site Contact: _____ Cell #: _____ |
| | E-mail: | |

| | | |
|--------------------------|---|---|
| Client* (Owner/Importer) | Legal Business / Entity Name (as registered): | |
| | Does this company have a Canadian Office? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Legal Address (as registered): | |
| | City: | State/Province: _____ Zip/Postal Code: _____ |
| | Country: | Importer/GST# (if applicable): _____ U.S. IRS# (if applicable): _____ |
| | Officer Name (Owner, Partner, Director or Signing Officer): | |
| | E-mail: | Title: _____ |
| | Contact Name (if different from above): | Tel: _____ |
| E-Mail: | | |

| | | |
|---------|---|--|
| Shipper | <input type="checkbox"/> Same as Client | |
| | Company Name: _____ U.S. IRS #: _____ | |
| | Address: _____ | |
| | City: | State/Province: _____ Zip/Postal Code: _____ |
| | Country: | Contact Name: _____ Tel: _____ |
| | E-mail: | |

| | | |
|----------------|--|--|
| Return Freight | <input type="checkbox"/> No Return Shipment <input type="checkbox"/> Same as Shipper <input type="checkbox"/> Same as Client | |
| | Company Name: _____ IRS/Importer #: _____ | |
| | Address: _____ | |
| | City: | State/Province: _____ Zip/Postal Code: _____ |
| | Country: | Contact Name: _____ Tel: _____ |
| | E-mail: | |

PLEASE SEE ADDITIONAL PAGES FOR BILLING, PAYMENT, TRANSPORTATION & ADVANCE WAREHOUSING

Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent pursuant to this General Agency Agreement/Power of Attorney ("GAA"). Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" ("CTC") as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/POST-CARM-CUSTOMS-STC.pdf>. Cross Connect performs its transportation services in the role of agent pursuant to its "Transportation Trading Conditions" ("TTC"), as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/STC-TRANSPORTATION-POST-CARM.pdf>. The parties hereby irrevocably and unconditionally attorn to the jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits.

Notwithstanding any (a) other provision of this GAA, (b) provision of the CTC or TTC, or (c) delegation of authority in CARM, including to manage Client's CARM business account, in any circumstances howsoever and whenever arising, and regardless of whether The Company uses its own business number or Client's business number for importation/exportation, and regardless of who any Government Authority identifies as the importer, owner, or importer of record for any shipment, and regardless of any liability assessed by any Government Authority: Client expressly acknowledges and agrees that: (a) The Company shall not be liable for any error in judgment or for anything which it may do or refrain from doing or for any resulting direct, indirect, consequential, punitive or exemplary damage or loss caused by any act or omission, or the negligence of The Company or by an act of God or other act or cause beyond the reasonable control of The Company, even if The Company has been advised of the possibility of such damage or loss; and (b) The Company shall not be liable for any failure to provide the services which is a result of the operation of the applicable laws of Canada or any other country or a change in the policies of Canada Customs.

In the event of a breach or other failure by The Company to perform its obligations for which The Company is held liable, including, but not limited to, acts or omissions of The Company employees, agents and representatives providing services, the Client's sole remedy hereunder, whether in contract, tort or otherwise, shall, in any and all events, be limited to termination hereof and damages not to exceed CAD 1000 (One Thousand Canadian Dollars).

In no event shall The Company's obligation or liability hereunder extend to direct, indirect, punitive, special, incidental and consequential damages or losses the Client may suffer or incur in connection herewith, such as, but not limited to, loss of revenue or profits, damages or losses as a result of the Client's inability to fulfill obligations to third parties, injury to good will, claims of customers and the like, even if The Company has been advised or is otherwise aware of the possibility thereof, nor shall it extend to damages or losses the Client may suffer or incur as a result of claims, suits or other proceeding made or instituted against the Client by third parties.

The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws

| | |
|---|-------------|
| Client (Importer/Owner) Signature | |
| <i>NOTE: Wet ink signature required – Digital signature NOT allowed</i> | |
| I have read and agree to the terms of this contract and grant Cross Connect the authority to act on my behalf. I hereby certify that I have authority to transact business on behalf of The Client. | |
| Signature: _____ | Date: _____ |
| Printed Name: _____ | |
| Title: _____ | |

| | |
|---------------------------------|-------------|
| Cross Connect Internal Use Only | |
| Notes: _____ | |
| Signature: _____ | Date: _____ |
| Printed Name: _____ | |
| Title: _____ | |

Transportation Quote Request

| | | |
|--|---|------------------|
| Shipper Information | Company: | |
| | Address: | |
| | City: | |
| | State/Prov: | Zip/Postal Code: |
| | Country: | |
| | Contact: | Tel: |
| | E-mail: | |
| | Date Shipment Available for Pick-up: | |
| | Operating Days (e.g. Monday - Friday): | |
| | Operating Hours (e.g. 8 am - 4 pm): | |
| Loading Dock Onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|-----------------|------------------|
| Delivery Information | Exhibitor Name: | |
| | Booth #: | |
| | Event Name: | |
| | Venue Name: | |
| | Venue Address: | |
| | City: | |
| | State/Prov: | Zip/Postal Code: |
| | Country: | |
| | Contact: | Cell #: |
| | E-Mail: | |
| Must Deliver By (dd-mmm-yyy h:mm tt): | | |

| | |
|----------------------|--|
| Service Requirements | Requested Service: <input type="checkbox"/> Air <input type="checkbox"/> Truck <input type="checkbox"/> Other: _____ |
| | Additional Requirements: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick-up <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Weekend Pick-up <input type="checkbox"/> Weekend Delivery |
| | <input type="checkbox"/> Please include Cargo Insurance on the estimate/quote. |
| | Total Shipment Value*: _____ Currency: _____ *Detailed Commercial Invoice/Packing List, with values, <u>must</u> be provided. |
| | Cargo Insurance/Declared Value This shipment is subject to basic liability of the carrier or other vendors engaged, which is limited by default under applicable contract and/or law. No greater value for liability will be declared with any vendor absent written instruction by the client and written confirmation by Cross Connect. Rather than attempt to recover under liability terms, Cross Connect offers the client the opportunity to include shipments under a first party cargo insurance program which will provide protections pursuant to policy terms and conditions; a copy of the insurance policy will be provided upon request. Please contact Cross Connect for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from Cross Connect. |

| Shipment/Freight Information | # of Pieces | Type 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 | | |
| | | @ 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 | | |
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| | | @ 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 | | |
| | | @ Dimensions (Inches) Each | | | | @ Weight (lbs) Each | | |
| | Total Pieces | | | | | | Total Weight: | |

| | |
|-------|-------------------------------|
| Notes | Notes/Additional Information: |
|-------|-------------------------------|

Advance Warehouse Information: To be completed if Cross Connect is NOT booking your transportation

| | | |
|----------------|--|---------------------|
| Shipment Info. | Shipped Via (Carrier/Courier Name): | |
| | Carrier/Courier Service Type: <input type="checkbox"/> Air/Express <input type="checkbox"/> Ground | |
| | Total # of Pieces: | Total Weight (lbs): |
| | Tracking #'s: | |

- You are responsible for tracking your shipment to ensure timely arrival.
- Goods sent via Post or shipped C.O.D. will **NOT** be accepted for delivery.
- If you are shipping from outside of Canada, to avoid Customs Clearance delays, please ensure that you check the "Customs Clearance" box on the first page of this form and notify your Carrier/Courier that Cross Connect is your Customs Broker. Customs documents are required (please see your Exhibitor Manual).

Advance Warehouse Services include delivery to show site, but DO NOT include material handling services and charges. Your carrier must pick up your materials, directly from show site, at the end of the event.

The warehouse will start receiving freight 30 days prior to the event from 9 am to 3 pm, Monday to Friday.

Advance Warehouse Services are charged per delivery received. If you are shipping via courier, it is recommended that you ship on a single Waybill to avoid additional advance warehouse charges.

Billing & Payment Information

| | | | |
|-------------------|-------------------------|------------------|------------------|
| Event & Exhibitor | Exhibitor Name: | Booth #: | |
| | Event Name: | Event Dates: to | |
| | Facility/Venue Name: | | |
| | Facility Venue Address: | | |
| | City: | State/Province: | Zip/Postal Code: |
| | Country: | On-site Contact: | Cell #: |
| | E-mail: | | |
| | | | |

| | | | |
|---------------------|--------------------------------------|-----------------|------------------|
| Billing Information | Company Name: | | |
| | Address: | | |
| | City: | State/Province: | Zip/Postal Code: |
| | Country: | | |
| | Contact Name: | | Tel: |
| | E-mail: | | |
| | Second Contact Name (if applicable): | | Tel: |
| | E-mail: | | |

| | | | | |
|---------------------|--|-------------------------------|-------------------------------------|---|
| Payment Information | MUST BE COMPLETED | | | |
| | *Delinquent accounts will be charged for all collection, legal and administration fees* | | | |
| | Charge to: | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| | Cardholder Name: | | CVV Number: | |
| | Credit Card Number: | | Expiry Date: | (mm/yyyy) |
| | I authorize use of this card for payment or pre-payment of services relative to this form. I understand that pre-payments on estimated amounts are subject to adjustment, and that this card will be charged for adjustments and/or future invoices generated for services not outlined on, or in addition to, any estimates provided. | | | |
| | I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD). | | | |
| | Cardholder Signature: | | Date: | |

| | | |
|------------------------|------------|--|
| Remittance Information | Remit To: | |
| | HST/GST#: | |
| | Tel: | |
| | Attention: | |
| | E-mail: | |

Customs & Transportation Services Order Form



CROSSCONNECT

CUSTOMS & EVENT LOGISTICS

Tel: 416-639-2176

E-mail: info@crossconnectcl.com

Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 8001 Weston Road, Unit 2, Woodbridge, ON L4L 9C8; business number 709076475RM0002, a Customs Broker licensed under the Customs Act, to act as my true and lawful agent and attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Trading Conditions applicable to Customs Services of Cross Connect Customs and Event Logistics Inc., attached hereto. Such business may include, but is not limited to:

1. Assist to set up Client's CARM business account, and/or manage and administer Client's CARM account;
2. 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;
3. The transportation, warehousing, and distribution of such goods; and
4. Undertake, facilitate, assist with and/or perform such other business, tasks, duties, powers and authorities for which Client provides written instructions to Cross Connect at any time and from time to time.

In signing this form, I grant Cross Connect, full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted

THIS FORM MUST BE COMPLETED & SIGNED BY THE CLIENT* (OWNER/IMPORTER).

For events (i.e. trade shows, conventions, etc.) where there is "no sale involved", the Transactional Owner of the Goods must complete this form

Services Required (please check all that apply):

Customs Clearance Transportation Advance Warehouse

| | |
|------------------------------|---|
| Event & Exhibitor | Shipment Delivering to (please check one): <input type="checkbox"/> Direct to Event/Show Site <input checked="" type="checkbox"/> Advance Warehouse |
| | Exhibitor Name: ABC COMPANY Booth #: 1001 |
| | Event Name: NAME OF THE EVENT/SHOW Event Dates: 25-Oct-24 to 29-Oct-24 |
| | Facility/Venue Name: THE EVENT FACILITY U.S. IRS # (if applicable): |
| | Facility/Venue Address: 600 CONVENTION CENTRE DRIVE |
| | City: TORONTO State/Province: ON Zip/Postal Code: M0X 0X0 |
| | Country: CANADA On-site Contact: JOHN SMITH Cell #: 555-555-0000 |
| | E-mail: JSMITH@DOMAIN.COM |

| | |
|--|---|
| Client* (Owner/Importer) | Legal Business / Entity Name (as registered): ABC COMPANY, INC. |
| | Does this company have a Canadian Office? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Legal Address (as registered): 123 SOMEPLACE AVENUE, SUITE 3 |
| | City: NEW YORK State/Province: NY Zip/Postal Code: 10093 |
| | Country: USA Importer/GST# (if applicable): N/A U.S. IRS# (if applicable): 12-3456789 |
| | Officer Name (Owner, Partner, Director or Signing Officer): JOHN SMITH Title: CEO |
| | E-mail: JSMITH@DOMAIN.COM Tel: 555-555-0000 |
| Contact Name (if different from above): Tel: | |
| E-Mail: | |

| | |
|---------------------------|--|
| Shipper | <input checked="" type="checkbox"/> Same as Client |
| | Company Name: ABC COMPANY, INC. U.S. IRS #: 12-3456789 |
| | Address: 123 SOMEPLACE AVENUE, SUITE 3 |
| | City: NEW YORK State/Province: NY Zip/Postal Code: 10093 |
| | Country: USA Contact Name: JOHN SMITH Tel: 555-555-0000 |
| E-mail: JSMITH@DOMAIN.COM | |

| | |
|---------------------------|---|
| Return Freight | <input type="checkbox"/> No Return Shipment <input type="checkbox"/> Same as Shipper <input checked="" type="checkbox"/> Same as Client |
| | Company Name: ABC COMPANY, INC. IRS/Importer #: 12-3456789 |
| | Address: 123 SOMEPLACE AVENUE, SUITE 3 |
| | City: NEW YORK State/Province: NY Zip/Postal Code: 10093 |
| | Country: USA Contact Name: JOHN SMITH Tel: 555-555-0000 |
| E-mail: JSMITH@DOMAIN.COM | |

PLEASE SEE ADDITIONAL PAGES FOR BILLING, PAYMENT, TRANSPORTATION & ADVANCE WAREHOUSING

Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent pursuant to this General Agency Agreement/Power of Attorney ("GAA"). Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" ("CTC") as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/POST-CARM-CUSTOMS-STC.pdf>. Cross Connect performs its transportation services in the role of agent pursuant to its "Transportation Trading Conditions" ("TTC"), as published online at <https://crossconnectcl.com/wp-content/uploads/2024/10/STC-TRANSPORTATION-POST-CARM.pdf>. The parties hereby irrevocably and unconditionally attorn to the jurisdiction of the courts of the Province of Ontario and all courts competent to hear appeals therefrom. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits.

Notwithstanding any (a) other provision of this GAA, (b) provision of the CTC or TTC, or (c) delegation of authority in CARM, including to manage Client's CARM business account, in any circumstances howsoever and whenever arising, and regardless of whether The Company uses its own business number or Client's business number for importation/exportation, and regardless of who any Government Authority identifies as the importer, owner, or importer of record for any shipment, and regardless of any liability assessed by any Government Authority: Client expressly acknowledges and agrees that: (a) The Company shall not be liable for any error in judgment or for anything which it may do or refrain from doing or for any resulting direct, indirect, consequential, punitive or exemplary damage or loss caused by any act or omission, or the negligence of The Company or by an act of God or other act or cause beyond the reasonable control of The Company, even if The Company has been advised of the possibility of such damage or loss; and (b) The Company shall not be liable for any failure to provide the services which is a result of the operation of the applicable laws of Canada or any other country or a change in the policies of Canada Customs.

In the event of a breach or other failure by The Company to perform its obligations for which The Company is held liable, including, but not limited to, acts or omissions of The Company employees, agents and representatives providing services, the Client's sole remedy hereunder, whether in contract, tort or otherwise, shall, in any and all events, be limited to termination hereof and damages not to exceed CAD 1000 (One Thousand Canadian Dollars).

In no event shall The Company's obligation or liability hereunder extend to direct, indirect, punitive, special, incidental and consequential damages or losses the Client may suffer or incur in connection herewith, such as, but not limited to, loss of revenue or profits, damages or losses as a result of the Client's inability to fulfill obligations to third parties, injury to good will, claims of customers and the like, even if The Company has been advised or is otherwise aware of the possibility thereof, nor shall it extend to damages or losses the Client may suffer or incur as a result of claims, suits or other proceeding made or instituted against the Client by third parties.

The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws

Client (Importer/Owner) Signature

NOTE: Wet ink signature required – Digital signature NOT allowed

I have read and agree to the terms of this contract and grant Cross Connect the authority to act on my behalf. I hereby certify that I have authority to transact business on behalf of The Client.

Signature: *John Smith* Date: 30-Sep-24

Printed Name: JOHN SMITH

Title: CEO

Cross Connect Internal Use Only

Notes:

Signature: Date:

Printed Name:

Title:

Transportation Quote Request

| | | |
|--|--|------------------------|
| Shipper Information | Company: ABC COMPANY, INC. | |
| | Address: 123 SOMEPLACE AVENUE, SUITE 3 | |
| | City: NEW YORK | |
| | State/Prov: NY | Zip/Postal Code: 10093 |
| | Country: USA | |
| | | |
| | Contact: JOHN SMITH | Tel: 555-555-0000 |
| | E-mail: JSMITH@DOMAIN.COM | |
| | | |
| | Date Shipment Available for Pick-up: 04-Oct-2024 | |
| Operating Days (e.g. Monday - Friday): Monday - Friday | | |
| Operating Hours (e.g. 8 am - 4 pm): 9 am - 5 pm | | |
| Loading Dock Onsite? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | |
|--|--|--------------------------|
| Delivery Information | Exhibitor Name: ABC COMPANY | |
| | Booth #: 1001 | |
| | Event Name: NAME OF THE EVENT/SHOW | |
| | Venue Name: THE EVENT FACILITY | |
| | Venue Address: 600 CONVENTION CENTRE DRIVE | |
| | City: TORONTO | |
| | State/Prov: ON | Zip/Postal Code: M0X 0X0 |
| | Country: CANADA | |
| | | |
| | Contact: JOHN SMITH | Cell #: 555-555-0000 |
| E-Mail: JSMITH@DOMAIN.COM | | |
| | | |
| Must Deliver By (dd-mmm-yyy h:mm tt): 28-Oct-2024 @ 10:00 am | | |

| | |
|--|---|
| Service Requirements | Requested Service: <input type="checkbox"/> Air <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other: _____ |
| | Additional Requirements: <input type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick-up <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Weekend Pick-up <input type="checkbox"/> Weekend Delivery |
| | <input checked="" type="checkbox"/> Please include Cargo Insurance on the estimate/quote. |
| | Total Shipment Value*: 10,000.00 Currency: USD *Detailed Commercial Invoice/Packing List, with values, must be provided. |
| Cargo Insurance/Declared Value This shipment is subject to basic liability of the carrier or other vendors engaged, which is limited by default under applicable contract and/or law. No greater value for liability will be declared with any vendor absent written instruction by the client and written confirmation by Cross Connect. Rather than attempt to recover under liability terms, Cross Connect offers the client the opportunity to include shipments under a first party cargo insurance program which will provide protections pursuant to policy terms and conditions; a copy of the insurance policy will be provided upon request. Please contact Cross Connect for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from Cross Connect. | |

| # of Pieces | Type of Pieces (Box/Crate/Skid, etc.) | | Length | Width | Height | | Per Piece | Total |
|-------------|---------------------------------------|----------------------------|--------|-------|--------|---------------------|----------------------|-------|
| | | | | | | | | |
| 2 | SKIDS | @ Dimensions (Inches) Each | 48 | 48 | 48 | @ Weight (lbs) Each | 400 | 800 |
| 1 | CRATE | @ Dimensions (Inches) Each | 41 | 52 | 50 | @ Weight (lbs) Each | 1,000 | 1,000 |
| | | @ 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 | | |
| | | @ 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 | | |
| | | @ 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 | | |
| | | @ Dimensions (Inches) Each | | | | @ Weight (lbs) Each | | |
| 3 | Total Pieces | | | | | | Total Weight: | 1,800 |

| | |
|-------|--------------------------------------|
| Notes | Notes/Additional Information: |
| | PLEASE INCLUDE BLANKETS & STRAPS |

Advance Warehouse Information: To be completed if Cross Connect is NOT booking your transportation

| | | |
|----------------|--|---------------------|
| Shipment Info. | Shipped Via (Carrier/Courier Name): | |
| | Carrier/Courier Service Type: <input type="checkbox"/> Air/Express <input type="checkbox"/> Ground | |
| | Total # of Pieces: | Total Weight (lbs): |
| | Tracking #'s: | |

- You are responsible for tracking your shipment to ensure timely arrival.
- Goods sent via Post or shipped C.O.D. will **NOT** be accepted for delivery.
- If you are shipping from outside of Canada, to avoid Customs Clearance delays, please ensure that you check the "Customs Clearance" box on the first page of this form and notify your Carrier/Courier that Cross Connect is your Customs Broker. Customs documents are required (please see your Exhibitor Manual).

Advance Warehouse Services include delivery to show site, but DO NOT include material handling services and charges. Your carrier must pick up your materials, directly from show site, at the end of the event.

The warehouse will start receiving freight 30 days prior to the event from 9 am to 3 pm, Monday to Friday.

Advance Warehouse Services are charged per delivery received. If you are shipping via courier, it is recommended that you ship on a single Waybill to avoid additional advance warehouse charges.



Billing & Payment Information

CROSSCONNECT

CUSTOMS & EVENT LOGISTICS

Tel: 416-639-2176

E-mail: info@crossconnectcl.com

| | | | |
|-------------------|---|-------------------------------------|--------------------------|
| Event & Exhibitor | Exhibitor Name: ABC COMPANY | Booth #: 1001 | |
| | Event Name: NAME OF THE EVENT/SHOW | Event Dates: 25-Oct-24 to 29-Oct-24 | |
| | Facility/Venue Name: THE EVENT FACILITY | | |
| | Facility Venue Address: 600 CONVENTION CENTRE DRIVE | | |
| | City: TORONTO | State/Province: ON | Zip/Postal Code: M0X 0X0 |
| | Country: CANADA | On-site Contact: JOHN SMITH | Cell #: 555-555-0000 |
| | E-mail: JSMITH@DOMAIN.COM | | |

| | | | |
|--|---|---|------------------------|
| Billing Information | <input type="checkbox"/> Same as Shipper (page 1) | <input checked="" type="checkbox"/> Same as Client (page 1) | |
| | Company Name: ABC COMPANY, INC. | | |
| | Address: 123 SOMEPLACE AVENUE, SUITE 3 | | |
| | City: NEW YORK | State/Province: NY | Zip/Postal Code: 10093 |
| | Country: USA | | |
| | Contact Name: JOHN SMITH | Tel: 555-555-0000 | |
| | E-mail: JSMITH@DOMAIN.COM | | |
| Second Contact Name (if applicable): SUSAN JONES | Tel: 555-555-1111 | | |
| E-mail: SJONES@DOMAIN.COM | | | |

| | | | |
|--------------------------|--|-------------------------------------|---|
| MUST BE COMPLETED | | | |
| Payment Information | Charge to: <input checked="" type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| | Cardholder Name: JOHN SMITH | CVV Number: 123 | |
| | Credit Card Number: 1234 5678 9123 4567 | Expiry Date: 11/2026 | (mm/yyyy) |
| | I authorize use of this card for payment or pre-payment of services relative to this form. I understand that pre-payments on estimated amounts are subject to adjustment, and that this card will be charged for adjustments and/or future invoices generated for services not outlined on, or in addition to, any estimates provided. | | |
| | I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD). | | |
| | Cardholder Signature: <i>John Smith</i> | Date: 30-Sep-2024 | |

| | |
|------------------------|---|
| Remittance Information | Remit To: Cross Connect Customs and Event Logistics Inc. 8001 Weston Road, Unit 2 Woodbridge, ON L4L 9C8 |
| | HST/GST#: 709076475RT0001 |
| | Tel: (416) 639-2176 |
| | Attention: Accounting Department |
| | E-mail: payments@crossconnectcl.com |

FOR CUSTOMS CLEARANCE BY:
Cross Connect Customs And Event Logistics Inc.

CARRIER ONLY PARS E-mail: pars@crossconnectcl.com

COMMERCIAL INVOICE / PACKING LIST



CROSSCONNECT
 CUSTOMS & EVENT LOGISTICS

NOTE: Only pdf/tif attachments and not the email itself are received. Ensure that all PARS information and any special instructions are included within pdf/tif attachment. HOURS: Mon-Fri 9 am - 5 pm *E-mails are monitored outside of regular business hours, but response may be delayed. Please ensure that ETA's are accurate.

| | | | | | | | | | | | | | | |
|---|----------------|---|---|---|--------------------------------|---------------------|---|---|-----|-----|-----------|-----------|------------|-------|
| Shipper: Consignee (Ship To): Importer/Owner of Goods: <input type="checkbox"/> Same as Shipper | | Shipped Via: Shipped To: <input type="checkbox"/> Adv. Whse <input type="checkbox"/> Show Site IRS #: Pieces: Weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs Currency: Ship Date: | | *REMARKS ("X" each item) *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD | | | | | | | | | | |
| # of Pieces | Type of Pieces | Qty | Description of Contents <small>Please include Brand Name & Model # for all electronic equipment.</small> | Origin | Weight in <u> </u> (lbs/kg) | Dimensions (inches) | | | CBM | HTS | Remarks* | | | Value |
| | | | | | | L | W | H | | | A TEMP | B PERM | C PROMO | |

**FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

**CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

| | |
|--------------------|--|
| **FOB VALUE: | |
| INSURANCE: | |
| FREIGHT CHARGE: | |
| **TOTAL CIF VALUE: | |

The shipper hereby authorizes Cross Connect Customs and Event Logistics, inc. ("Cross Connect"), and their agents, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the Cross Connect's "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The values listed on this document represent fair-market value, and proof of valuation can and will be provided upon request.

TEMPORARY IMPORT VALUE:
 PERMANENT IMPORT VALUE:

Signature: _____

Date: _____ 12/22



FOR CUSTOMS CLEARANCE BY:
Cross Connect Customs And Event Logistics Inc.
CARRIER ONLY PARS E-mail: pars@crossconnectcl.com **COMMERCIAL INVOICE / PACKING LIST**

Shipper:
ABC COMPANY
123 SOMEPLACE AVENUE, SUITE 3
NEW YORK, NY
10093

Consignee (Ship To):
ABC COMPANY, BOOTH # 1001
C/O NAME OF SHOW/EVENT
VENUE NAME
VENUE ADDRESS

Importer/Owner of Goods: Same as Shipper
ABC COMPANY
123 SOMEPLACE AVENUE, SUITE 3
NEW YORK, NY
10093

Shipped Via: TRANSPORTATION COMPANY NAME
Shipped To: Adv. Whse Show Site
IRS #: 12-3456789
Pieces: 3
Weight: 1,800 kg lbs
Currency: USD
Ship Date: 06/15/2021
(mm/dd/yyyy)

JOHN SMITH - 555-555-0000
ONSITE CONTACT NAME & CELL
PHONE #

Does this company have a Canadian Office? No

***IMPORTANT:**
MUST be completed in full.

| # of Pieces | Type of Pieces | Qty | Description of Contents <small>Please include Brand Name & Model # for all electronic equipment.</small> | Origin | Dimensions (Inches) | | | CBM | HTS | Remarks* | | | Value | |
|-------------|----------------|------|---|--------|---------------------|----|----|------|---------|-----------|-----------|------------|------------|-------------|
| | | | | | L | W | H | | | A TEMP | B PERM | C PROMO | Unit Value | Total Value |
| 1 | SKID | 1 | DISPLAY BOOTH | USA | 48 | 48 | 48 | 1.81 | 9403.20 | X | | | 5,250.00 | 5,250.00 |
| 1 | CRATE | 2 | 50" LED TV'S - LG MODEL# 55EG9100 | CHINA | 41 | 52 | 50 | 1.75 | 8528.72 | X | | | 700.00 | 1,400.00 |
| 1 | SKID | 2 | WEIGHTED METAL TV STANDS | JAPAN | 48 | 48 | 48 | 1.81 | 9403.20 | X | | | 500.00 | 1,000.00 |
| | | 5000 | ADVERTISING LITERATURE | USA | 48 | 48 | 48 | | 4911.10 | | X | | 0.15 | 750.00 |
| | | 1000 | BALL POINT PENS | CHINA | | | | | 9608.10 | | X | | 0.35 | 350.00 |
| | | 400 | CATALOGS | USA | | | | | 4911.10 | | X | | 3.00 | 1,200.00 |
| | | 2 | POSTERS | USA | | | | | 4911.91 | | X | | 25.00 | 50.00 |

***Each commodity MUST be listed on its own line; DO NOT group items.**

***Specific descriptions required; Vague descriptions such as "Give Aways", "Display Materials", or "Trade Show Samples" will NOT be accepted.**

***Electronic equipment MUST include Brand Name & Model #.**

***Indicate the Country of Manufacture (where the goods are made); NOT the country of purchase.**

***Values need to reflect the cost of goods (price paid), or the selling price of the goods (price payable); whichever is greater.**

***\$0 values will NOT be accepted.**

| | |
|--------------------|-----------|
| **FOB VALUE: | 10,000.00 |
| INSURANCE: | |
| FREIGHT CHARGE: | |
| **TOTAL CIF VALUE: | 10,000.00 |

**FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

**CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

The shipper hereby authorizes Cross Connect Customs and Event Logistics, inc. ("Cross Connect"), and their agents, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the Cross Connect's "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The values listed on this document represent fair-market value, and proof of valuation can and will be provided upon request.

TEMPORARY IMPORT VALUE: 7,650.00
PERMANENT IMPORT VALUE: 2,350.00

Signature: *John Smith*

Date: 06/10/2021