NORTH AMERICAN LOGISTICS SERVICES INC.





Allied Beauty Association (ABA) Trade Show

CUSTOMS BROKERAGE SERVICES

The service of a customs brokerage firm is strongly recommended for all shipments originating outside of Canada. This will eliminate the possibility of materials being held at the border by Canada Customs due to improper or insufficient documentation resulting in these same materials arriving too late or not at all. **North American Logistics Services Inc. (NALSI)** has been appointed as the official customs broker for the **Allied Beauty Association (ABA) Trade Shows.** NALSI staff will assist exhibitors with their entry/import and return/export of goods.

NALSI will post the required bonds and securities with Canada Customs; clear your materials through Canadian Customs; prepare export documentation and bills of lading; and arrange customs clearance for return ground/air freight. If you are shipping from the U.S. please find attached U.S. CBP Form 4455 Certificate of Registration. Be sure to mark the following in the body of your Air Waybill or Bill of Lading: "U.S. Certificate of Registration Form 4455 attached. Goods MUST be presented for examination by U.S. Customs prior to export from the U.S.A. and certified copies must be given to NALSI at event site." Prior to shipping, the enclosed **Order Form** and **Canada Customs Invoice** must be completed and sent to the corresponding NALSI office. Three copies must accompany the shipment.

Exhibitors using their own broker I ② arrange their own bond or cash deposit with Canada Customs at the poft of entry into / 山山山崎

Private Vehicles (PV)

With the introduction of AECI (Advance Electronic Cargo Information) on the U.S. side of the border, PAPS (Pre-Arrival Processing System) has become mandatory for most highway shipments entering the U.S. This program requires that all carriers/PV with commercial goods must fax shipment information to the Customs Broker at least 3 hours prior to their arrival at the border. The Customs Broker must then submit the shipment information, in the proper format, to U.S. Customs at least 1 hour prior to the carrier/PV arrival. Carriers who fail to meet AECI / PAPS requirements are subject to penalties. Carrier/PV penalties are set at \$5,000.00 USD for the first infraction, and \$10,000.00 USD for each infraction thereafter.

t lease contact NALSI at once for further instructions!

TORONTO Telephone: 905-951-1612 Fax: 905-951-9613 **MONTREAL** Telephone: 514-868-6650 Fax: 514-868-6651 CALGARY / EDMONTON Telephone: 403-851-1152 403-851-1156 Fax: **VANCOUVER** 778-328-2841 Telephone: Fax: 778-328-2845



Quote ID				Quote ID#			
	FB			FB#			
)R	RDER FORM: Customs E	Brokerage Services					
	wish to use North American Logistic						
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C	<u>~</u>						
	ction 1 - Exhibitor and Even						
Pick Up Address	Location Name:			Pickup Date:	Time:		
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very	Contact: ***Applicable only if deliv	Phone #:	Email:		US Tax #/EIN:		
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Return freight same as pickup address If same, only complete pickup date/time information Return services not required							
ᆂ	***Company name or faci			Pickup Date:	Time:		
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Return Freight	***Applicable only if deliver	ng to another tradeshow*** Event Name:	Eman.	Event Date(s):			
	Exhibitor rume.	Event rame.		Event Dutc(3).	Dodn'i.		
Sec	ction 2 - Carrier/ Shipment	Information					
Nar	me of carrier providing transportation	n services	ther				
	Number of Pieces		mensions (inches)		Weight (LBS)		
	ton/Boxes		W	Н			
Crates/Fiber Case		L	W	Н			
Skid/Pallet		L	W	Н			
Carpet/Other		L	W	Н			
	TAL						
	ditional Services: Lift Gate	• •					
	t trailer accessible? Pickup: Yes		****	vailable? Pickup: Yes No	Delivery: ☐ Yes ☐ No		
Do	you require additional Insurance?	Yes No I	Declared Value:	ar ance purposes only			
Car	rgo Insurance (only to be completed when us	ing NALSI Transportation) **Please note addit	tional fee's will apply for insuran	ce coverage**			
Sec	ction 3 - Terms of Payment a	and Security Deposit (Mu	st be completed)				
<u>ن</u>	Company Name:		Address:				
≣	Address:				City:		
Send Bill To:	Prov./State: Postal/Zip:		Contact Name:		Phone #:		
	ices are processed electronically and tra	nsmitted to email provided.					
Cha	arge to:	☐ MasterCard	☐ American Expre	ess			
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 the cardination of the cardinat							
OPTION #1 Process payment automatically on credit card provided. A 5%administration fee will be added to invoices paid by credit card.							
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							
late	e). North American Logistics may require	payment prior to delivery of goods.	A 5%administration fee	will be added to invoices paid by	credit card.		
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Please complete, print, sign and return completed forms to the corresponding Regional Service Centre office.

Toronto/Head OfficeMontreal/Eastern RegionCalgary/Prairie RegionVancouver/Western RegionTel: 905.951.1612Tel: 514.868.6650Tel: 403.851.1152Tel: 778.328.2841

CANADA CUSTOMS INVOICE / FACTURE DES DOUANI	NES CANADIENNES	Page of/de			
Vendor (Name and Address) / Vendeur (Nom et Adresse)	ada				
	Other References (Include Purchaser Autres références (inclure le no de co	's Order No.) mmande de l'acheteur)			
A Consistent (News and Address) (Destinate in (News et Address)	5 Purchaser's Name and Address (if oth	ner than Consignee)			
Consignee (Name and Address) / Destinataire (Nom et Addresse)	Nom et Addresse de l'acheteur (s'il diffère du destinataire) No sale involved				
	6 Country of Transhipment / Pays de tra	ansborderment			
	N/ A				
	Pays d'origine des marchandises origine des marchandises origine des marchandises originals des des des des des des des des des de	hipment includes goods of different pins, enter origins against items in d 12. 'expedition comprend des rchandises d'origines differentes, en ciser la provenance en 12.			
VII. 1 Is this a related company transaction? Est-ce que les compagnies sont liées entre elles?	9 Condition of Sales and Terms of Paym (i.e. Sale, Consignment Shipment, Le				
	Conditions de vente et modalitiés de p Expédition en consignation, location de	paiement (p. Ex. Vente,			
YES OUI NO NON	No sale involved	o maronanaioco, oto.			
8 Transportation: Give Mode and Place of Direct Shipment to Canada Transport: Préciser mode et lieu d'expédition directe vers le Canada	10 Currency of Settlement / Devises d	u paiement			
No. of Pkgs. Numbers, General Description and Characteristics <i>i.</i> 6. De Coilis Specification of Commodities (Kind of Packages Marl Numbers, General Description and Characteristics <i>i.</i> 6. Designation des articles (Nature des colis, marques 6. description générale et charactéristiques. <i>P. Ex.</i> Clas	Grade Quality) 13 (State Unit) Replacement Value Valeur de Remplaceme				
description generale et characteristiques. 1 . Ex. Glas		4 Unit Price Prix Unitaire			
XI.1 Total Number of Pieces / Nombre total de pièces	a shook this hay	Invoice			
If any fields of 1 to 17 are included on an attached commercial invoic Si les renseignements des zones 1 à 17 figurenet sur la facture com cette case		Tatal			
Commercial Invoice No. / No. De la facture commerciale		Gross / Brut			
19 Exporter's Name and Address (if other than Vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)	Originator (Name and Address) Expéditeur d'origine (Nom et addresse)				
Name:	Name:				
Tel:	Tel:				
Fax:		Fax:			
Departmental Ruling (if applicable) Décision ministérielle (s'il y a lieu) N/ A	22 If fields 23 to 25 are not applicable Si les zones 23 à 25 sont sans c				
23 24	25				

			ELAND SECURITY		Form Approved. OMB No. 1651-0010 Exp. 08-31-2012
	No.				
	CERT	IFICATE OF R	EGISTRATION		
19 CFR 10.8, 10.9, 10 148.1, 148.8, 148.32,			nitted varies with type of transaction. number of copies required.)		
VIA (Carrier)			B/L or INSURED NO.		DATE
NAME. ADDRESS. A	ND ZIP CODE TO WHICH C	ERTIFIED FORM IS		ARTICLES EXP	ORTED FOR:
TO BE MAILED (If Ap			ALTERATION* REPAIR* USE ABROAD REPLACEMENT		PROCESSING* OTHER, (specify)
			* NOTE: The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.		
		LIST AR	TICLES EXPORTED		
Number Packages	Kind of Packages			Description	
SIGNATURE O	F OWNER OR AGENT (Print	or Type <u>and</u> Sign)			DATE
7		The Above	-Described Articles Were:		
	EXAMINED	THE Above	-Described Articles Were.	LADEN under m	y supervision
DATE PORT			DATE	PORT	, ,
SIGNATURE OF CB	P OFFICER		SIGNATURE OF CBP OFFICER		
		CERTIF	ICATE ON RETURN		
Duty-free entry is clair reverse if needed)	med for the described articles			wback and are return	ned unchanged except as noted: (use

SIGNATURE OF IMPORTER (Print or Type and Sign)

DATE

NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.

Paperwork Reduction Act Statement: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0010. The estimated average time to complete this application is 3 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.