



TRADE SHOW	BOOTH NUMBER
EXHIBITOR NAME	

Check all that apply: CUSTOMS CLEARANCE FREIGHT TRANSPORTATION ADVANCE WAREHOUSE

PICK UP ADDRESS _____

CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____

CONTACT NAME _____

TELEPHONE _____ FAX _____

EMAIL _____ BLP Quotation # _____

PICK UP DATE _____ PCS _____ WEIGHT _____ LBS KGS

DIMENSIONS (of all pcs) _____

INSURANCE FOR \$ _____ DELIVERY CARRIER _____

RATES FOR INSURANCE (PER DIRECTION) ARE \$3.50 / \$1000.00 MINIMUM CHARGE \$75.00, \$250.00 DEDUCTIBLE

SPECIAL HANDLING INSTRUCTIONS (lift gate, inside pick up, flat deck, etc) _____

PAYMENT OPTIONS	<input type="checkbox"/> PAYMENT IN ADVANCE BY WIRE TRANSFER <input type="checkbox"/> PAYMENT IN ADVANCE BY CREDIT CARD (VISA, M/C, AMEX ACCEPTED)
CARD HOLDER	
CARD NUMBER	EXPIRY DATE
CARD HOLDER SIGNATURE	SECURITY CODE
INVOICE ADDRESS	
CITY	STATE/PROV
ATTENTION	TELEPHONE
	POSTAL/ZIP
	EMAIL
I/WE HERBY AUTHORIZE BLP GLOBAL SHOW LOGISTICS INC. AND THEIR AGENT TO ACT ON OUR BEHALF REGARDING CUSTOMS CLEARANCE, FREIGHT FORWARDING, ADVANCE RECEIVING FOR THE ABOVE MENTIONED TRADE SHOW, AND AGREE TO PAYMENT OF BLP GLOBAL SHOW LOGISTICS INC'S CHARGES AS PER THE TARIFF SET OUT IN THESE SHIPPING INSTRUCTIONS. WE AGREE THAT OVERDUE INVOICES ARE SUBJECT TO 2% INTEREST	

RETURN SHIPMENT: CARRIER TO BE USED IF NOT BLP _____

Check all that apply: CUSTOMS CLEARANCE FREIGHT TRANSPORTATION

RETURN TO PICK-UP ADDRESS OR OTHER ADDRESS

PCS _____

WEIGHT _____ LBS KGS

REQUIRED DATE: _____

IF RETURNING TO USA,
WE **NEED** YOUR IRS
BUSINESS TAX ID#: _____

To be completed on show site with BLP Global Show Logistics Inc. staff member:
I am confirming that the above outbound instructions are accurate. Any changes have been noted.

Print Name	Signature	BLP Initials
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BLP GLOBAL
SHOW
LOGISTICS INC.

COMMERCIAL INVOICE / PACKING LIST

BLP GLOBAL SHOW LOGISTICS
TEL 902 676-2421
FAX 902 703-0112
www.blplogistics.ca

SHIPPER		INVOICE #	DATE	SHOW	
		CONSIGNEE			
				PCS	
				Weight	

PC #	ITEM	QTY	DESCRIPTION	COUNTRY OF ORIGIN	SOLD	CON	TO BE RETURNED	WEIGHT	DIMS CM	ITEM VALUE	TOTAL

SIGNATURE:

TOTAL VALUE:



CERTIFICATE OF ORIGIN

1 Exporter's Name and Address: 	2 Blanket Period: <div style="text-align: center;"> DD - MM - YY DD - MM - YY From: To: </div>			
3 Producer's Name and Address: <p style="text-align: center;">AVAILABLE UPON REQUEST</p>	4 Importer's Name and Address: 			
5 Description of Good(s)	6 HS tariff Classification number	7 Preference Criterion	8 Producer	9 Country of Origin

10 I certify that the goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification. This certification consists of ___ page(s), including all attachments.			
Authorized Signature:	Company:		
Certifier:	Title:		
Date: DD-MM-YY	Telephone:	Email:	
Address:			