



THE NATIONAL FRANCHISE SHOW WINNIPEG

APPOINTED BY:

WINNIPEG CONVENTION CENTRE WINNIPEG, MB
JANUARY 31 - FEBRUARY 1, 2026



Customs Clearance & Transportation Services

Cross Connect Customs and Events Logistics Inc. ("Cross Connect") has been appointed by National Event Management 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 Advanced 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 Clearence, when required.

For more information, please contact:

Pat D'Alessandro Kyle Mekhuri

Phone: 416-726-7229 Phone: 647-470-4763

Carson Cabural Anthony D'Alessandro

Phone: 416-639-2176 Phone: 416-670-6606



The National Franchise Show - Winnipeg 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. The advance warehouse cutoff date is January 27th at 3:00 p.m. Shipments received after this deadline will be subject to a 30% off-target rate surcharge. Advance warehouse services include delivery to show site only. MATERIAL HANDLING SERVICES AND CHARGES ARE NOT INCLUDED.

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

Price: PRICE \$52 PER 100 LBS (400 LBS MINIMUM CHARGE) *

* This price is per shipment/waybill delivery

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

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 The National Franchise Show - Winnipeg
Winnipeg Convention Centre
375 York Avenue
Winnipeg, MB
R3C J3J



PRE-ALERT / CUSTOMS DOCUMENTATION REQUIREMENTS

Please complete the **Cross Connect Order Form** and if shipping from outside of **Canada the Commercial Invoice Packing List (CIPL)** in this manual.

The CIPL should contain full detailed description of the contents, serial numbers, customs HS/tariff codes, and quality/weight/value of each item listed. Invoices should be in the currency of country shipped from clearly showing which items are for temporary import and which are for permanent import. Examples of both forms are provided for assistance.

The consignee section on the Commercial Invoice Packing List should be addressed as follows:

The National Franchise Show - Winnipeg
(Insert Here: Exhibiting Company Name, Booth #)
c/o Winnipeg Convention Centre
357 York Street
Winnipeg, MB
R3C J3J

***Please send Cross Connect draft copies of you CIPL prior to shipping so it may be reviewed and pre-approved ***

All document checks and pre-alerts should be emailed to info@crossconnectcl.com

<u>IMPORTANT</u>: Certain commodities such as foodstuff, beverages, certain electronic, telecommunication, military items, animal & plant products (CITES), medical devices, and cosmetics will be subject to import license or other certification requirements. Kindly contact Cross Connect at least 2 months prior to the show if sending any of the above items.

Failure to pre-alert us of your shipment means we are unaware it exists and cannot be held responsible for your materials arriving to the show late, or not at all.

INSURANCE

We are not responsible for any loss, pilferage, or damage while goods are left unattended at your booth. The handling of goods is carried out at the exhibitor/contractors risk. We, therefore, strongly recommend that all exhibitors arrange insurance coverage to include transit to and from the exhibition, also while on display during the exhibition. Warehouse standard coverage is \$250.00 maximum per shipment or 10 cents per pound maximum of \$250.00. We recommend to purchase additional cargo insurance while in transit and while shipment is at the warehouse (3rd party warehouse coverage).

PAYMENT

Unless agreed in advance payment for all services must be made prior to, or during the show. We accept the following three methods of payment:

- 1. Bank Wire Bank details can be sent upon request.
- 2. **Credit Card** We can accept payment by credit card. Please inform us of the card details in advanced on our Order Form. Credit Card transactions are subject to a 5% service fee.

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS. WE LOOK FORWARD TO SEEING YOU IN WINNIPEG!



!!! 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 <u>not</u> 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

EL: 416-639-2176

WEBSITE: WWW.CROSSCONNECTCL.COM

Customs & Transportation Services Order Form

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;

- 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;

 The transportation, warehousing, and distribution of such goods; and
- 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.



Thi	signing this form, I grant Cross Connect, full power and authority to app s authority is granted for all shipments in relation to this event and/or s ontinuous Authority" box, below.		Tel: 416-639-2176 E-mail: info@crossconnectcl.com
	Continuous Authority granted		
		OMPLETED & SIGNED BY THE CLIENT* (OWNER/ ere there is "no sale involved", the Transactional Owner of	
Se	rvices Required (please check all that apply):		
	Customs Clearance	☐ Transportation	☐ Advance Warehouse
	Shipment Delivering to (please check one):	☐ Direct to Event/Show Site	☐ Advance Warehouse
tor	Exhibitor Name:		Booth #:
įgi	Event Name:		Event Dates: to
Event & Exhibitor	Facility/Venue Name:		U.S. IRS # (if applicable):
t &	Facility/Venue Address:	State/Dravinge	Zin/Destel Code:
ven	City: Country:	State/Province: On-site Contact:	Zip/Postal Code: Cell #:
ú	E-mail:	On-site Contact.	ОСП #.
<u>.</u>	Legal Business / Entity Name (as registered):		
Client* (Owner/Importer)	Does this company have a Canadian Office? Legal Address (as registered):	Yes No	
/Imp	City:	State/Province:	Zip/Postal Code:
/ner	Country:	Importer/GST# (if applicable):	U.S. IRS# (if applicable):
ð	Officer Name (Owner, Partner, Director or Signing Officer):		Title:
ıt*	E-mail:		Tel:
Sie	Contact Name (if different from above):		Tel:
	E-Mail:		
	☐ Same as Client		
jr.	Company Name:		U.S. IRS #:
pper	Company Name: Address:	Chata/Dassin as	
Shipper	Company Name: Address: City:	State/Province:	Zip/Postal Code:
Shipper	Company Name: Address: City: Country:	State/Province: Contact Name:	
	Company Name: Address: City: Country: E-mail:	Contact Name:	Zip/Postal Code:
	Company Name: Address: City: Country: E-mail: No Return Shipment Same as Shipper		Zip/Postal Code: Tel:
	Company Name: Address: City: Country: E-mail: No Return Shipment Same as Shipper Company Name:	Contact Name:	Zip/Postal Code:
	Company Name: Address: City: Country: E-mail: No Return Shipment Same as Shipper Company Name: Address:	Contact Name: Same as Client	Zip/Postal Code: Tel: IRS/Importer #:
	Company Name: Address: City: Country: E-mail: No Return Shipment Same as Shipper Company Name:	Contact Name:	Zip/Postal Code: Tel:
Return Freight Shipper	Company Name: Address: City: Country: E-mail: No Return Shipment Same as Shipper Company Name: Address: City:	Contact Name: ☐ Same as Client State/Province:	Zip/Postal Code: Tel: IRS/Importer #: Zip/Postal Code:
	Company Name: Address: City: Country: E-mail: No Return Shipment Same as Shipper Company Name: Address: City: Country: E-mail:	Contact Name: ☐ Same as Client State/Province:	Zip/Postal Code: Tel: IRS/Importer #: Zip/Postal Code: Tel:
Ted Thin Coordinate Colin direction of the Coordinate Coordina	Company Name: Address: City: Country: E-mail: No Return Shipment Same as Shipper Company Name: Address: City: Country: E-mail: PLEASE SEE ADDITIONAL PAGES F Tras & Conditions s order is placed with the specific understanding that we are en nnect performs customs services pursuant to its "Trading intent/uploads/2024/10/POST-CARM-CUSTOMS-STC.pdf . Cross TC"), as published online at https://crossconnectcl.com/wp-conteorn to the jurisdiction of the courts of the Province of Ontario and diprovide for time limits for making claims and filing suits. sumstances howsoever and whenever arising, and regardless of lardless of who any Government Authority identifies as the importeent expressly acknowledges and agrees that: (a) The Company etc., indirect, consequential, punitive or exemplary damage or loss reasonable control of The Company, even if The Company have the control of The Company, even if The Company have the control of The Company, even if The Company have the control of The Company, even if The Company have the control of The Company, even if The Company have the control of The Company, even if The Company have the control of The Company, even if The Company have the control of The Company, even if The Company have the control of The Company, even if The Company have the control of The Company, even if The Company have the control of The Company, even if The Company have the courts of the	Contact Name: Same as Client State/Province: Contact Name:	Zip/Postal Code: Tel: IRS/Importer #: Zip/Postal Code: Tel: Zip/Postal Code: Tel: DVANCE WAREHOUSING gency Agreement/Power of Attorney ("GAA"). Cross ublished online at https://crossconnectcl.com/wp-tpursuant to its "Transportation Trading Conditions". The parties hereby irrevocably and unconditionally erms, respectively, limit the liability of Cross Connect to to manage Client's CARM business account, in any 's business number for importation/exportation, and f any liability assessed by any Government Authority: in it may do or refrain from doing or for any resulting any or by an act of God or other act or cause beyond The Company shall not be liable for any failure to

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:	Date:				
Printed Name:	Printed Name:				
Title:					

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

Transportation Quote Request

CROSSCONNECT

							CUSIC	MS & EVENI	LUGISTICS
	Company	<u>.</u> -			Exhibitor I	Name:			
	Address:				Booth #:				
	City:				Event Nar	me:			
ng.	State/Prov	<i>J</i> ·	Zip/Postal Code:	uo	Venue Na	ame:			
atic	Country:			atic	Venue Ad				
Ē				E	City:				
g.	Contact:		Tel:	Je l	State/Prov	V:	Zip/Pos	tal Code:	
Shipper Information	E-mail:			Delivery Information	Country:	••			
ado				ver					
重	Date Shir	ment Available for Pick	-un:	e i	Contact:		Cell #:		
S		Days (e.g. Monday - Friday):			E-Mail:		3 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
		Hours (e.g. 8 am - 4 pm):							
		Dock Onsite?	s Π No		Must Deli	iver By (dd	-mmm-yyy h:mm tt):		
			3 <u> 140</u>		aot Boil	 (aa			
	Requeste	d Service:	☐ Truck		Other:				
	'	Requirements: Lift			Inside Deli		☐ Weekend Pick-up	☐ Weeken	d Dolivon
nts	Additional	Requirements.	Gate Inside Fick-u	р _] Illiside Deli	ivery	☐ weekend Fick-up	☐ weeken	d Delivery
mel	☐ Please	include Cargo Insurance	on the estimate/quote.						
ire							/B		
Service Requirements	Total Ship	ment Value*:	Currency:	*Detail	ed Comme	ercial Invoid	ce/Packing List, with val	ues, <u>must</u> be	provided.
ž	Cargo Ins	surance/Declared Value							
<u>3</u>			of the carrier or other vendors engage						
2			absent written instruction by the clier						
လ			e opportunity to include shipments u						
			e insurance policy will be provided u			tact Cross C	connect for more information	າ on cargo insເ	ırance.
	Snipments	will not be insured absent wri	tten request and written confirmation	i from Cross	Connect.				
	# of	Type of Pieces							
	Pieces	(Box/Crate/Skid, etc.)		Length	Width	Height		Per Piece	Total
		(=,,	@ Dimensions (Inches) Each	g			@ Weight (lbs) Each		1 0 00.1
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
_			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
<u>io</u>			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
mai			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
<u>io</u>			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
Ξ			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
Jht.			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
ē			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
Ē.			@ Dimensions (Inches) Each				@ Weight (lbs) Each	1	
en			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
Shipment/Freight Information			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
Shi			@ Dimensions (Inches) Each				@ Weight (lbs) Each	1	
•			@ Dimensions (Inches) Each				@ Weight (lbs) Each	1	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	1	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	1	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
		Total Pieces	(s.) <u></u>	ļ				tal Weight:	
		ı							
	Notes/Ad	ditional Information:							
es									
Notes									
_									

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

	Shipped Via (Carrier/Courier Name):						
	Carrier/Courier Service Type:	☐ Air/Express	Ground				
Info.	Total # of Pieces:	Total Weight	(lbs):				
	Tracking #'s:						
Shipment							
ıiρ							
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. <u>Customs documents are required</u>
 (please see your Exhibitor Manual).

Advance Warehouse Services include delivery to show site, but <u>DO NOT</u> 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

L	Exhibitor Name:	Booth #:	
oito	Event Name:	Event Dates:	to
Exhibitor	Facility/Venue Name:		
X Ü	Facility Venue Address:		
Event &	City: State/Province:	Zip/Postal Code:	
Eve	Country: On-site Contact:	Cell #:	
	E-mail:		
	Company Name:		
on			
nati	City: State/Province:	Zip/Postal Code:	
torn	Country:		
Billing Intormation	Contact Name:	Tel:	
<u> </u>	E-mail:		
冒	Second Contact Name (if applicable):	Tel:	
	E-mail:		
	MUST BE COMPLETED		
	Delinquent accounts will be charged for all collection, legal	and administration fees	
	Charge to:		
ion	Cardholder Name: CVV Number:		
Payment Information	Credit Card Number: Expiry Date:		(mm/yyyy)
ıfor	I authorize use of this card for payment or pre-payment of services relative to this form. I under	estand that are navments on esti	
nt Ir	are subject to adjustment, and that this card will be charged for adjustments and/or future involved		
ımeı	addition to, any estimates provided.		
Pay	I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00	USD).	
		,	
	Cardholder Signature: Date:		
	Remit To:		
uo	TOTAL TO.		
nati			
forn			
ıu ə			
Remittance Information	HST/GST#:		
it			
	Tel:		
Ren	Tel: Attention:		

Customs & Transportation Services Order Form

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;

- 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
- 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

C R O S S C O N

416-639-2176 E-mail: info@crossconnectcl.com

×	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*							
Se	Services Required (please check all that apply):							
×	Customs Clearance	▼ Transportation	★ Advance Warehouse					
Event & Exhibitor	Shipment Delivering to (please check one): Exhibitor Name: ABC COMPANY Event Name: NAME OF THE EVENT/SHOW Facility/Venue Name: THE EVENT FACILITY Facility/Venue Address: 600 CONVENTION CENTRE I City: TORONTO Country: CANADA E-mail: JSMITH@DOMAIN.COM	Direct to Event/Show Site DRIVE State/Province: ON On-site Contact: JOHN SMITH	Advance Warehouse Booth #: 1001 Event Dates: 25-Oct-24 to 29-Oct-24 U.S. IRS # (if applicable): Zip/Postal Code: M0X 0X0 Cell #: 555-555-0000					
Client* (Owner/Importer)	Legal Business / Entity Name (as registered): ABC C Does this company have a Canadian Office? Legal Address (as registered): 123 SOMEPLACE AVENUT City: NEW YORK Country: USA Officer Name (Owner, Partner, Director or Signing Officer): JO E-mail: JSMITH@DOMAIN.COM Contact Name (if different from above): E-Mail:	☐ Yes ☒ No E, SUITE 3 State/Province: NY Importer/GST# (if applicable): N/A	Zip/Postal Code: 10093 U.S. IRS# (if applicable): 12-3456789 Title: CEO Tel: 555-555-0000 Tel:					
Shipper	☑ Same as Client Company Name: ABC COMPANY, INC. Address: 123 SOMEPLACE AVENUE, SUITE 3 City: NEW YORK Country: USA E-mail: JSMITH@DOMAIN.COM	State/Province: NY Contact Name: JOHN SMITH	U.S. IRS #: 12-3456789 Zip/Postal Code: 10093 Tel: 555-555-0000					
Return Freight	□ No Return Shipment □ Same as Shipper Company Name: ABC COMPANY, INC. Address: 123 SOMEPLACE AVENUE, SUITE 3 City: NEW YORK Country: USA E-mail: JSMITH@DOMAIN.COM	State/Province: NY Contact Name: JOHN SMITH	IRS/Importer #: 12-3456789 Zip/Postal Code: 10093 Tel: 555-555-0000					
	PLEASE SEE ADDITIONAL PAGES FO	OR BILLING, PAYMENT, TRANSPORTATION & A	DVANCE WAREHOUSING					
=	Puma 9 Canditions	DILLING, I ATHILLY, HAROT ON ATHOR & A	DIVINOL WAREHOUSING					

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/wpcontent/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 No	OT 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 Printed Name. JOHN SMITH	Date : 30-Sep-24					
Printed Name: JOHN SMITH						
Title: CEO						
1						

Cross Connect Internal Use Only				
Notes:				
Cimantum	Deter			
Signature:	Date:			
Printed Name:				
Title:				

Transportation Quote Request

CR	0	SS	CI	ON	N	E C	T
CUS	том	S &	EVE	NT L	OG	ISTI	cs

•	ianspe	riation guote	request					сиѕто	MS & EVENT	LOGISTICS
		: ABC COMPANY, INC. 123 SOMEPLACE AVENUE,	CLUTE 2			Exhibitor Booth #:		COMPANY		
			SUITE 3		-			05 THE EVENT OF 1011		
_	City: NEW		7:-/Dt-I Cd 40000		_			OF THE EVENT/SHOW		
ţ	State/Prov		Zip/Postal Code: 10093		ţi			EVENT FACILITY	DDIVE	
mai	Country: (JSA			ma			CONVENTION CENTRE I	DRIVE	
Por	0	OLIN CMITH	Tel: 555-555-0000		for	City: TOR		Zin/Door	tal Code: M0X	0.00
Shipper Information		OHN SMITH	Tel: 555-555-0000		Delivery Information	State/Pro		ZIP/P05	iai Code. Mux	. 0.00
per	E-mail: JS	MITH@DOMAIN.COM			ery	Country:	CANADA			
뺼	Data Chir	ment Aveilable for Diek	04 Oct 2024		i <u>è</u>	Contact	IOHN SMITH	Call #. 5	55-555-0000	
ŝ		oment Available for Pick g Days (e.g. Monday - Friday):		-	ے		SMITH@DO		33-333-0000	
					-	L-IVIAII. Jo	SIVII I HWDO	IVIAIN.COIVI		
		g Hours (e.g. 8 am - 4 pm): 9 Dock Onsite?			-	Must Dal	ivor By (dd	-mmm-yyy h:mm tt): 28-Oct-2	0024 @ 40:00 a	100
	Loading	DOCK Offsite:	s NO			WIGST DEI	ivei by (dd	-11111111-yyy 11.111111 tt). 20-0ct-2	.02+ @ 10.00 a	
	Requeste	d Service:				Other:				
(0		Requirements:	Gate Inside F	Pick-up	Г	Inside Del	iverv	☐ Weekend Pick-up	☐ Weekend	d Delivery
ents		•			_	-	,		_	,
me.		e include Cargo Insurance	on the estimate/quote.						>	
Service Requirements	Total Shir	oment Value*: 10,000.00	Currency:	USD	*Detail	ed Comme	ercial Invoid	ce/Packing List, with val	ues must be	provided
Seq				002				3,1 43,111,131		p. 0 1. u 0 u.
ė		surance/Declared Value	of the carrier or other vendors	ongogod	which is	limited by d	ofoult under	applicable contract and/or	Isw. No greater	r value for
ž			absent written instruction by the							
Sel			e opportunity to include shipme							
			e insurance policy will be provi				tact Cross C	onnect for more information	n on cargo insu	rance.
	Shipments	will not be insured absent wr	itten request and written confirm	nation fro	m Cross	Connect.				
	# of	Type of Pieces								
	Pieces	(Box/Crate/Skid, etc.)		L	ength	Width	Height		Per Piece	Total
	2	SKIDS	@ Dimensions (Inches) E		48	48	48	@ Weight (lbs) Each	400	800
	1	CRATE	@ Dimensions (Inches) E		41	52	50	@ Weight (lbs) Each	1,000	1,000
			@ Dimensions (Inches) E					@ Weight (lbs) Each		
			@ Dimensions (Inches) E					@ Weight (lbs) Each		
'n			@ Dimensions (Inches) E					@ Weight (lbs) Each		
atic			@ Dimensions (Inches) E					@ Weight (lbs) Each		
Ē			@ Dimensions (Inches) E					@ Weight (lbs) Each		
皇			@ Dimensions (Inches) E					@ Weight (lbs) Each		
를			@ Dimensions (Inches) E					@ Weight (lbs) Each		
ig			@ Dimensions (Inches) E					@ Weight (lbs) Each		
F			@ Dimensions (Inches) E					@ Weight (lbs) Each		
ıt			@ Dimensions (Inches) E					@ Weight (lbs) Each		
Shipment/Freight Information			@ Dimensions (Inches) E					@ Weight (lbs) Each		
턕			@ Dimensions (Inches) E					@ Weight (lbs) Each		
S			@ Dimensions (Inches) E		,			@ Weight (lbs) Each		
			@ Dimensions (Inches) E					@ Weight (lbs) Each		
			@ Dimensions (Inches) E					@ Weight (lbs) Each		
			@ Dimensions (Inches) E					@ Weight (lbs) Each		
			 Dimensions (Inches) E Dimensions (Inches) E					@ Weight (lbs) Each		
	3	Total Pieces	(inches) E	acri				@ Weight (lbs) Each	tal Weight:	1,800
	J	ו טומו רופטפט						10	rai wweigiii:	1,000
	Notes/Ad	ditional Information:								
	PLEASE IN	ICLUDE BLANKETS & STRA	APS							
Notes										
ž										

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

	Shipped Via (Carrier/Courier Na	ame):	
	Carrier/Courier Service Type:	☐ Air/Express	Ground
Info	Total # of Pieces:	Total Weight	(lbs):
	Tracking #'s:		
Shipment			
흗			
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. <u>Customs documents are required</u>
 (please see your Exhibitor Manual).

Advance Warehouse Services include delivery to show site, but <u>DO NOT</u> 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

Ŀ	Exhibitor Name: ABC COMPANY		Booth #: 1001									
Event & Exhibitor	Event Name: NAME OF THE EVENT/SH	Event Dates: 25-Oct-24 to 29	9-Oct-24									
	Facility/Venue Name: THE EVENT FACI											
	Facility Venue Address: 600 CONVENT											
	City: TORONTO	State/Province: ON	Zip/Postal Code: M0X 0X0	0X 0X0								
Eve	Country: CANADA	On-site Contact: JOHN SN	MITH Cell #: 555-555-0000	Cell #: 555-555-0000								
	E-mail: JSMITH@DOMAIN.COM											
	☐ Same as Shipper (page 1) 🕱 Same	as Client (page 1)										
_	Company Name: ABC COMPANY, INC.	as Official (page 1)										
tion	Address: 123 SOMEPLACE AVENUE, S											
mai	City: NEW YORK											
ıfor	Country: USA	Zip/Postal Code: 10093										
g Ir	Contact Name: JOHN SMITH	Tel: 555-555-0000										
Billing Information	E-mail: JSMITH@DOMAIN.COM	TCI. 000 000 0000										
m	Second Contact Name (if applicable): SUSA	AN IONES	Tel: 555-555-1111									
	E-mail: SJONES@DOMAIN.COM	AN JOINES	TGI. 000-000-1111									
	Z Maii. 00014E0@B01W/ (II4.001W)											
	MUST BE COMPLETED											
	Charge to: ⋉ Visa ☐ Mas	terCard American Ex	press									
uc	Cardholder Name: JOHN SMITH		Number: 123	nber: 123								
atio	Credit Card Number: 1234 5678 9123 45		Expiry Date: 11/2026									
orn												
Payment Information	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											
ent	addition to, any estimates provided.											
aym	I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD).											
<u>a</u>	i acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 05D).											
	Cardholder Signature: John Smi											
	Cardholder Signature: Vona Simu	CA Date	e: 30-Sep-2024									
_	Remit To: Cross Connect Customs and	d Event Logistics Inc.										
ation	8001 Weston Road, Unit 2											
	Woodbridge, ON L4L 9C8											
nfo												
ce l												
Remittance Inform	HST/GST#: 709076475RT0001											
mit	Tel: (416) 639-2176											
Re	Attention: Accounting Department											
	E-mail: payments@crossconnectcl.	rom										

FOR CUSTOMS CLEARANCE BY:

Cross Connect Customs And Event Logistics Inc.

$\underline{\mathsf{CARRIER\ ONLY}}\ \mathsf{PARS\ E\text{-}mail:\ pars@crossconnectcl.com}\quad \mathbf{COMMERCIAL\ INVOICE\ /\ PACKING\ LIST}$



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: Co				Consignee (Ship To):	Importer/	Owner	ds: □S	ame as Shippe					_							
					Shipped							Adv. W	Vhse L	Show Site	*REMARKS					
						IRS #:										("X" each item)				
											Pieces:						MPORARY IMPORT			
											Weight:				kg 🗌 lbs	MANENT IMPORT				
							Currency:			*C - GIVEN A		EN AWAY / SOLD								
											Ship Date:									
	1	1			T	Does this co				Office?	1									
# of	Type of		Doc	cription of Contents		Weight		Dimensions				Re	Remarks*		Va		ilue			
Pieces	Pieces	Qty		•	Origin	in	(Inche			СВМ	HTS									
			Please include Brand N	ame & Model # for all electronic equipment.	L	(lbs/kg)	L	W	Н			A TEMP	B PERM	C PROMO	Unit Va	lue	Total Value			
1																				
1																				
i																				
															d. d. = -		1			
**FOB (Fr	ee On Board) VALUE:	indicates the cost of good	ds, including all transportation and insurance of	osts up to th	e port of departure; the "Price Paid"									**FOB VALUE:					
														INSURANCE:						
														FREIGHT CHARGE:						
**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											**TC	OTAL CIF V	ALUE:							
The ship	per herel	by auth	orizes Cross Connec	t Customs and Event Logistics, inc. ("Cross Co	nnect"), an	d their	agents,	in his i	name and bel	half, to prepa	re an	y expo	ort doc	umentatio	n, to sig	n and accept			
				d forward this shipment in accordan																
				TC.pdf . The values listed on this do													· .			
		, -				,			, 1			-			1					
TENADO	1115.	Si	Signature:							Date:										
	RARY IMP																12/22			
PERMA	NENT IMP	ORT VA	LUE:																	

FOR CUSTOMS CLEARANCE BY:

Cross Connect Customs And Event Logistics Inc.

CROSSCONNECT

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.

*IMPORTANT:

MUST be completed in full.

Shipper: Consignee (Ship To):					Importer/Owner of Goods: ■Same as Shipper						Shipped V	ia: TR	ANSPORT	TATION C	OMPANY NAME				
ABC COMPANY ABC COMPANY, BOOTH # 100				01	ABC COMPANY						Shipped To: 🗷 🗚			Adv. Whse Show Site			*REMARKS		
123 SOMEPLACE AVENUE, SUITE 3 C/O NAME OF SHOW/EVENT					123 SOMEPLACE AVENUE, SUITE 3						IRS #:		12-3456789			("X" each item)			
NEW YORK, NY VENUE NAME						NEW YORK, NY 10093						Pieces:	3				*A – TEMPORARY IMPORT		
10093 VENUE ADDRESS						10093						Weight:		1,800					
JOHN SMITH - 555-555-0000 ONSITE CONTACT NAME & CE					\	JOHN SMITH - 555-555-0000						Currency:				*C – GIVEN AWAY / SOLE			/ SOLD
JOHN	SIVIIII -	၁၁ ၁-၁၁	55-0000	ONSITE CONTACT NAME & C								Ship Date: 06/15/2			3/15/2	2021			
				FIIONE#		Does this company have a Canadian Office? No								(n	nm/dd/y	ууу)			
# of	Type of		Dee	aniutian of Contonto		Weight						Remarks*				Value			
Pieces	Pieces	Qty		Description of Contents		in <u>lbs</u>	(Inches)			СВМ		HTS	A B C		· ·	 			
				ame & Model # for all electronic equipment.	USA	(lbs/kg) 400	L	W	Н				TEMP	B PERM	C PROMO	Unit Value	-	Total Va	
1	SKID	1	DISPLAY BOOTI	DISPLAY BOOTH			48	48	48	1.81	94	03.20	X			5,250	1.00	5,2	250.00
1	CRATE	2	50" LED TV'S - L	LED TV'S - LG MODEL# 55EG9100			41	52	50	1.75	85	28.72	\times			700	0.00	1,4	400.00
		2	WEIGHTED MET	JAPAN	950					94	03.20	X			500	0.00	1,0	00.00	
1	SKID	5000	ADVERTISING L	USA	200	48	48	48	1.81	49	11.10			X	().15	-	750.00	
		1000	BALL POINT PE	BALL POINT PENS *Electronic equipment							96	08.10			\times	().35	;	350.00
		400	CATALOGS	MUST include Brand	USA	150					49	11.10			\times	3	3.00	1,7	200.00
		2	POSTERS Name & Model #.			2					49	911.91	$ \times $		25	5.00	\rightarrow	50.00	
															d				
									·	*Value	es need t	o ref	flect	the c	ost of goo	ds (r	orice pa	id).	
Each commodity MUST be listed on its								e selling price of the goods (price payable);											
own line; <u>DO NOT</u> group items.													hever is greater.						
Specific descriptions required; Vague						*\$0 v						values will NOT be accepted.							
lescriptions such as "Give Aways",																\neg			
Display Materials", or "Trade Show						*Indicate the Country of Manufacture													
Samples" will <u>NOT</u> be accepted.						(where the goods are made); NOT the country of purchase.													
					count	ry of	purch	ase.											
												•							

**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: 10,000.00
INSURANCE:
FREIGHT CHARGE:

**TOTAL CIF VALUE: 10,000.00

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: 06/10/2

12/22

^{**}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"