



# THE NATIONAL FRANCHISE SHOW REGINA

APPOINTED BY:

REAL DISTRICT  
REGINA, SK  
MAY 2 - 3, 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 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

**Carson Cabural**

Phone: 416-639-2176

E-mail: info@crossconnectcl.com

**Anthony D'Alessandro**

Phone: 416-670-6606

E-mail: info@crossconnectcl.com

8001 Weston Rd Unit 2  
Woodbridge ON  
L6L 9C8

(416) 639-2176  
info@crossconnectcl.com



**CROSSCONNECT**  
CUSTOMS & EVENT LOGISTICS

The National Franchise Show - Regina 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**

#### **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 - Regina  
REAL District  
2300 Elphinstone St  
Regina, SK  
S4P 2Z6**



## 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 - Regina  
(Insert Here: Exhibiting Company Name, Booth #)  
c/o REAL District  
2300 Elphinstone St  
Regina, SK  
S4P 2Z6

\*\*\*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](mailto:info@crossconnectcl.com)

**IMPORTANT:** 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 REGINA!**



**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](mailto:INFO@CROSSCONNECTCL.COM)**  
**TEL: 416-639-2176**  
**WEBSITE: [WWW.CROSSCONNECTCL.COM](http://WWW.CROSSCONNECTCL.COM)**

# Customs & Transportation Services Order Form



**CROSSCONNECT**

**CUSTOMS & EVENT LOGISTICS**

Tel: 416-639-2176

E-mail: [info@crossconnectcl.com](mailto: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

<b>Event &amp; Exhibitor</b>	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:

<b>Client* (Owner/Importer)</b>	<b>Legal Business / Entity Name</b> (as registered):
	<b>Does this company have a Canadian Office?</b> <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): Title:
	E-mail: Tel:
	Contact Name (if different from above): Tel:

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

<b>Return Freight</b>	<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:	



# 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:		

<b>MUST BE COMPLETED</b>		
<b>*Delinquent accounts will be charged for all collection, legal and administration fees*</b>		
Payment Information	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 <b>declined credit cards are subject to a 30% surcharge</b> (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](mailto: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

<b>Event &amp; Exhibitor</b>	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	

<b>Client* (Owner/Importer)</b>	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:	

<b>Shipper</b>	<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	

<b>Return Freight</b>	<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:





## Billing & Payment Information

**CROSSCONNECT**

CUSTOMS & EVENT LOGISTICS

Tel: 416-639-2176

E-mail: [info@crossconnectcl.com](mailto: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			

<b>MUST BE COMPLETED</b>			
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 <b>declined credit cards are subject to a 30% surcharge</b> (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: <a href="mailto:payments@crossconnectcl.com">payments@crossconnectcl.com</a>

**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:	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
Does this company have a Canadian Office?				

# of Pieces	Type of Pieces	Qty	Description of Contents <small>Please include Brand Name &amp; Model # for all electronic equipment.</small>	Origin	Weight in _____ (lbs/kg)	Dimensions (Inches)			CBM	HTS	Remarks*			Value	
						L	W	H			A TEMP	B PERM	C PROMO	Unit Value	Total Value

\*\*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"

**FOB VALUE:	
INSURANCE:	
FREIGHT CHARGE:	
<b>**TOTAL CIF VALUE:</b>	

\*\*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](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: \_\_\_\_\_

**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.

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

Shipper: ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093  JOHN SMITH - 555-555-0000	Consignee (Ship To): ABC COMPANY, BOOTH # 1001 C/O NAME OF SHOW/EVENT VENUE NAME VENUE ADDRESS  ONSITE CONTACT NAME & CELL PHONE #	Importer/Owner of Goods: <input checked="" type="checkbox"/> Same as Shipper ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093  JOHN SMITH - 555-555-0000  Does this company have a Canadian Office? No	Shipped Via: TRANSPORTATION COMPANY NAME Shipped To: <input checked="" type="checkbox"/> Adv. Whse <input type="checkbox"/> Show Site IRS #: 12-3456789 Pieces: 3 Weight: 1,800 <input type="checkbox"/> kg <input checked="" type="checkbox"/> lbs Currency: USD Ship Date: 06/15/2021 (mm/dd/yyyy)	*REMARKS ("X" each item)  *A - TEMPORARY IMPORT *B - PERMANENT IMPORT *C - GIVEN AWAY / SOLD
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# of Pieces	Type of Pieces	Qty	Description of Contents <small>Please include Brand Name &amp; Model # for all electronic equipment.</small>	Origin	Weight in lbs (lbs/kg)	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	400	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	50	41	52	50	1.75	8528.72	X			700.00	1,400.00
		2	WEIGHTED METAL TV STANDS	JAPAN	950					9403.20	X			500.00	1,000.00
1	SKID	5000	ADVERTISING LITERATURE	USA	200	48	48	48	1.81	4911.10			X	0.15	750.00
		1000	BALL POINT PENS	CHINA	48					9608.10			X	0.35	350.00
		400	CATALOGS	USA	150					4911.10			X	3.00	1,200.00
		2	POSTERS	USA	2					4911.91		X		25.00	50.00

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

**\*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.**

**\*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.**

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

\*\*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"

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

\*\*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](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