

THE FRANCHISE EXPO - VANCOUVER

Appointed by:

Vancouver Convention Centre East
HALL A
Vancouver, BC
APRIL 6th - 7th, 2024

The
**National
Franchise
Show**

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 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

Danny Mekhuri

Phone: 416-704-1956
E-mail: dmekhuri@crossconnectcl.com

Sunny Salas

Phone: **416-676-1124**
E-mail: sunnys@crossconnectcl.com

Anthony D'Alessandro

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

THE FRANCHISE EXPO - VANCOUVER 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: \$42.00 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 THE NATIONAL FRANCHISE SHOW - VANCOUVER
ABF ADVANCE WAREHOUSE
17735 1 AVE, SUITE 174
SURREY, BC - V3Z 9S1

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 - VANCOUVER
VANCOUVER CONVENTION CENTRE - HALL A
999 CANADA PLACE
VANCOUVER, BC - V6C 0C3

Customs & Transportation Services Order Form

Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 5225 Orbitor Drive, Unit 12, Mississauga, ON L4W 4Y8; business number 709076475RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful 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. 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; and
2. The transportation, warehousing, and distribution of such goods.

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



CROSSCONNECT

CUSTOMS & EVENT LOGISTICS

Tel: 416-639-2176

E-mail: info@crossconnectcl.com

Services Required (please check all that apply):

☒ Transportation ☒ Customs Clearance ☒ 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 | | |
| | Event Name: | NAME OF THE SHOW / EVENT YOU ARE ATTENDING | | |
| | Facility/Venue Name: | NAME OF CONVENTION CENTRE / HOTEL / VENUE WHERE THE EVENT IS BEING HELD | | |
| | Facility/Venue Address: | ADDRESS OF THE CONVENTION CENTRE / HOTEL / VENUE WHERE THE EVENT IS BEING HELD | | |
| | City: | TORONTO | State/Province: | ON |
| | On-site Contact: | JOHN SMITH | Zip/Postal Code: | MOX X0X |
| | E-mail: | JSMITH@DOMAIN.COM | Cell #: | 555-555-0000 |
| | | Importer # (if applicable): 123456789RM0001 | | |

| | | | | | | |
|---------|---------------|-------------------------------|-----------------|--------|------------------|--------------|
| Shipper | Company Name: | ABC COMPANY | | IRS #: | 12-3456789 | |
| | Address: | 123 SOMEPLACE AVENUE, SUITE 3 | | | | |
| | City: | NEW YORK | State/Province: | NY | Zip/Postal Code: | 10093 |
| | Contact Name: | JOHN SMITH | | | Tel: | 555-555-0000 |
| | E-mail: | JSMITH@DOMAIN.COM | | | | |

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

| | | | |
|---------|---|-------------------------------|-----------------|
| Billing | <input checked="" type="checkbox"/> Same as Shipper | | |
| | Company Name: | ABC COMPANY | |
| | Address: | 123 SOMEPLACE AVENUE, SUITE 3 | |
| | City: | NEW YORK | |
| | Contact Name: | JANE DOE, ACCOUNTS PAYABLE | |
| | E-mail: | JDOE@DOMAIN.COM | |
| | | GST/HST# (if applicable): | 123456789RM0001 |
| | | Zip/Postal Code: | 10093 |
| | | Tel: | 555-555-0001 |

MUST BE COMPLETED

| | | | |
|-----------------------|--|--|-----------|
| Payment | Charge to: | <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express | |
| | Cardholder Name: | JOHN SMITH | |
| | Credit Card Number: | 1234 5678 9123 4567 | |
| | CVV Number: | 123 | |
| | Expiry Date: | 11/24 | |
| | I authorize use of this card for payment of services relative to this form. I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD). | | |
| Cardholder Signature: | | <i>John Smith</i> | |
| | | Date: | 10-Jun-21 |

| Freight | # 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 | | |
| | 3 | | @ Dimensions (Inches) Each | | | | @ Weight (lbs) Each | | 1,800 |

| | | |
|-----------------------------|-------------------------------|---|
| Shipment / Freight | Requested Service Level: | <input type="checkbox"/> Air <input type="checkbox"/> 2nd Day <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other: |
| | Additional Services Required: | <input checked="" 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 |
| | Total Shipment Value: | \$ 10,000.00 |
| | Carrier Name & Contact Info: | IF USING CARRIER OTHER THAN CROSS CONNECT, PROVIDE INFO. |
| | Available for Pick-up Date: | 15-Jun-21 |
| Shipper Hours of Operation: | | 8:00 am to 4:00 pm Must Deliver By: 30-Jun-21 @ 4:00 pm |

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.

Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent. Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Customs_STC.pdf. Cross Connect performs its transportation services in the role of agent pursuant to its "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under Cross Connect's "Trading Conditions Applicable to Customs Services" and "Standard Trading Conditions", the liability of Cross Connect - however founded - for any and all services performed is agreed to hereby be limited to CAD 1000 (One Thousand Canadian Dollars) per transaction or occurrence, whichever is least, and in no event shall Cross Connect be liable for any indirect or consequential damages including but not limited to any loss of profit.

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 Signature

I have read and agree to the terms of this contract.

Signature: *John Smith*

Printed Name: JOHN SMITH

Date: 10-Jun-21

Title: CEO

Cross Connect Internal Use Only

Accepted by:

Date:

Signature:

Customs & Transportation Services Order Form

Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 5225 Orbitor Drive, Unit 12, Mississauga, ON L4W 4Y8; business number 709076475RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful 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. 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; and
2. The transportation, warehousing, and distribution of such goods.

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



CROSSCONNECT

CUSTOMS & EVENT LOGISTICS

Tel: 416-639-2176

E-mail: info@crossconnectcl.com

Services Required (please check all that apply):

☐ Transportation ☐ Customs Clearance ☐ Advance Warehouse

Event & Exhibitor

Shipment Delivering to (please check one): ☐ Direct to Event/Show Site ☐ Advance Warehouse

Exhibitor Name: Booth #:

Event Name: Event Dates: to

Facility/Venue Name:

Facility/Venue Address:

City: State/Province: Zip/Postal Code:

On-site Contact: Cell #:

E-mail: Importer # (if applicable):

Shipper

Company Name: IRS #:

Address: State/Province: Zip/Postal Code:

City: State/Province: Zip/Postal Code:

Contact Name: Tel:

E-mail:

Return Freight

☐ Same as Shipper ☐ No Return Shipment

Company Name: IRS / Importer #:

Address: State/Province: Zip/Postal Code:

City: State/Province: Zip/Postal Code:

Contact Name: Tel:

E-mail:

Billing

☐ Same as Shipper

Company Name (Legal): GST/HST# (if applicable):

Address: State/Province: Zip/Postal Code:

City: State/Province: Zip/Postal Code:

Contact Name: Tel:

E-mail:

MUST BE COMPLETED

Payment

Charge to: ☐ Visa ☐ MasterCard ☐ American Express

Cardholder Name: CVV Number:

Credit Card Number: Expiry Date:

I authorize use of this card for payment of services relative to this form. I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD).

Cardholder Signature: Date:

| Shipment / Freight | # 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 | | |
| <p>Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2nd Day <input type="checkbox"/> Truck <input type="checkbox"/> Other: _____</p> <p>Additional Services Required: <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</p> <p>Total Shipment Value: Carrier Name & Contact Info:</p> <p>Available for Pick-up Date: Shipper Hours of Operation: to Must Deliver By:</p> <p>Cargo Insurance / Declared Value</p> <p>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.</p> | | | | | | | | |

Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent. Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Customs_STC.pdf. Cross Connect performs its transportation services in the role of agent pursuant to its "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under Cross Connect's "Trading Conditions Applicable to Customs Services" and "Standard Trading Conditions", the liability of Cross Connect - however founded - for any and all services performed is agreed to hereby be limited to CAD 1000 (One Thousand Canadian Dollars) per transaction or occurrence, whichever is least, and in no event shall Cross Connect be liable for any indirect or consequential damages including but not limited to any loss of profit.

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 Signature

I have read and agree to the terms of this contract.

Signature: Date:

Printed Name: Title:

Cross Connect Internal Use Only

Accepted by:

Date:

Signature:

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 |
|---|--|---|--|--|

| # of Pieces | Type of Pieces | Qty | Description of Contents <small>Please include Brand Name & 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"

**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: 06/10/2021



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: | | | *REMARKS ("X" each item) *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD | | |
| | | | | | | | | | 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: | | | | | |
| | | | | | | | | | Does this company have a Canadian Office? | | | | | |

| # of Pieces | Type of Pieces | Qty | Description of Contents <small>Please include Brand Name & 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"

**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: _____