

TRANSPORT FROM THE WAREHOUSE TO THE SHOW SITE FORM

If you are sending material to the advanced warehouse, you must complete and return this form to:
 North American Logistics Services Inc. Fax: 514-868-6651 or fvera@nalsi.com or avaldes@nalsi.com

IF YOU ARE SHIPPING FROM U.S.A. TO THE ADVANCE WAREHOUSE, SHIPMENTS MUST BE CLEARED AT THE BORDER.

TRANSPORT SERVICE FROM THE ADVANCE WAREHOUSE TO THE SHOW SITE:

Fees: 0 to 500 lbs: \$ 185.00 cad + fuel surcharge + taxes
 500 lbs and over : \$ 185.00 cad + \$ 0.12/ lb + fuel surcharge + taxes
 Maximum fee: \$ 625.00 cad + fuel surcharge + taxes

GOODS MUST BE RECEIVED AT OUR WAREHOUSE *BY MARCH 21ST 2012* AFTER THIS DATE THERE WILL BE A 25% LATE ARRIVAL SURCHARGE

Please make sure all arrangements have been made for your carrier to pick-up your freight from the show site address at the end of the event.

SHIPPING ADDRESS:

Name of Event: Parents and Kids Fair 0-6 years old Place of Event: Place Bonaventure, Montréal
 Exhibitor name: _____ Booth number: _____
 North American Logistics Services Inc.
 % Lamcar
 4405 BoisFranc #7-8-9
 St-Laurent, Qc H4S 1A8

Goods shipped from (City): _____ Shipping Date: _____

Total Pieces in Shipment: _____ Weight: _____ Dimension: _____

Carrier: _____ Pro Number: _____

IMPORTANT:

North American logistics Services Inc. cannot accept uncrated goods. This merchandise must be delivered directly to the exhibit hall.

METHOD OF PAYMENT: AUTOMATIC PAYMENT BY APPROVED CREDIT CARD, COPY OF INVOICE TO FOLLOW. CREDIT CARD PAYMENTS ON INVOICES BILLED IN U.S. DOLLARS ARE PROCESSED USING THE CANADIAN DOLLAR RATE STATED ON THE INVOICE. BILLING ERRORS MUST BE REPORTED WITHIN 20 DAYS OF INVOICE DATE.

Visa American Express Master Card

Account number: _____ Expiry Date: _____

Name of Cardholder: _____ Authorized Signature: _____ Date: _____

BY SIGNING ABOVE I HEREBY ACKNOWLEDGE HAVING READ AND AGREED TO INVOICE/PAYMENT TERMS AND CONDITIONS STATED ABOVE.

Billing information: Please check one option

- Forward copy of invoice by **FAX** to the fax number below
- Forward copy of invoice by **EMAIL** to the email address below
- Forward copy of invoice by **STANDARD MAIL** to the address below

Name of Company: _____ Contact/ Title: _____

Address: _____ City: _____

Province/State: _____ Country: _____ Zip/Postal Code: _____

Email: _____ Phone: _____ Fax: _____