

COST ESTIMATE / QUOTE SHEET

COMPANY / EXHIBITOR	NAME:							
SHOW:								
CONTACT:								
PHONE:								
EMAIL:								
NUMBER OF PIECES		WEIGHT		Please Circle	LBS / KGS			
METHOD	AIR	OCEAN		TRUCK				
DIMENSIONS: (L x W x H	STACKABLE:	YES	NO					
TEMP IMPORT VALUE \$		PERMENENTIM	PORT VALUE \$					
INSURANCE FOR \$ RATES FOR INSURANCE ARE \$3.50 / \$1000.00 MINIMIUM CHARGE \$75.00 \$250.00 DEDUCTIBLE PICK UP LOCATION								
CITYSTATE / PROVPOSTAL CODE								
SPECIAL HANDLING INSTRUCTIONS (lift gate, inside pick up, flat deck, residential pick up etc)								
RETURN SHIPPING METHOD	AIR	OCEAI	N	TRUCK				
CUSTOMS CLEARANCE:	YES	NO						
DESTINATION: OTHER LOCATION:	RETURN TO PICK UP LC	DCATION						
CITY	OV		POSTAL CODE					

	BLP	S INC.			ORDER FORM	1	
TRADE SHOW		E		BER			<u> </u>
EXHIBITOR NAME							_
Circle all that apply:	CUSTOMS CLEARANCE	FREIGHT TRANSP	ORTATION	ADVANCE WAREHOL	JSE		
PICK UP ADDRESS							
CITY	STATE	Z	IP/POSTAL (CODE			<u>.</u>
CONTACT NAME							
TELEPHONE			I	FAX			-
EMAIL				BLP Quotation #			
PICK UP DATE		PCS_		WEIGHT		LBS/KGS	
DIMENSIONS (of all po	cs)						-
INSURANCE FOR \$							-
	NSTRUCTIONS (lift gate,			00 DEDUCTIBLE			
CARD HOLDER	PAYMENT I	N ADVANCE BY	CREDIT CAR	D (VISA, M/C, AME			
					EXPIRY DATE SECURITY CODE		-
	SIGNATURE						
INVOICE ADDRESS	STATE	7					
	STATE			EMAIL			-
I/WE HERBY AUTHORIZE BLP	GLOBAL SHOW LOGISTICS INC. A TRADE SHOW, AND AGREE TO P	ND THEIR AGENT TO A	AL SHOW LOGISTI	F REGARDING CUSTOMS	ER THE TARIFF SET OUT IN 1		
RETURN SHIPMENT:		CAR	RIER TO BE	USED IF NOT BLP			
Circle all that apply:	CUSTOMS CLEARANC	E FREIGHT TR		N			
RETURN TO PICK-UP ADDRESS		DTHER					
PCS WEIGHT		- F RETURNING TO SUSINESS TAX IE					1
REQUIRED DATE:							J
	now site with BLP Global e above outbound instruc				ed.		
Print Name		Signature			BLP Initials		-

SHIPPER/EXP	ORTER ADDRESS, COUNTRY	7 TAX IDEN	TIFICATION NO.							
					1 × ~	~				
					- Y	\mathcal{D}				
	ESS TAX IDENTIFICATION			_						
BUTER ADDR	ESS TAX IDENTIFICATION				1					
						OBAL				
						OW GISTICS INC.				
						SISTICS INC.				
DESTIMATION				BLP G	Blobal Show Logistics					
DESTINATION	110:				www.blplogistics.ca	FAX 902 703-0112				
TAX ID #				PRODUCER NAME & ADDRESS (If Other Than Exporter)						
TAX ID #				PRODUCER NAME & A	ADDRESS (If Other I	nan Exporter)				
RAIL DESTINA	ATION									
CARRIER		GROSS WE	EIGHT	TERMS OF SALE - DEL	_					
				F.O.B. PLANT or	DESTINATION (
DATE OF ENT	RY	NUMBER C	OF PIECES							
				U.S. BROKERAGE CHAR		SHIPPER CONSIGNEE OTHER				
TERMS OF SA	ALE - DELIVERY - PAYMENT			ORIGIN (COUNTRY, PROV	NCE)	DESTINATION (CITY, STAT	E, COUNTRY)			
	Prices Shown in Amount INCLU DKERAGE D.S. DUTY/MPR		NUT							
	ify Type/Amount)			EXCH.RATE		D./ORDERNO./DATE	CURRENCY OF			
				EXOTINATE		D./ORDERNO./DATE	SALE			
Other (Specify)	HVA			N/A			OALL			
ROUTING:						RIALS ARE OF CANADIA				
FREIGHT RAT	E			IMPORTER OF RECORD - BLP GLOBAL SHOW LOGISTICS INC.						
PLACE OF LAD	DING			ALL CHARGES TO BLP LOGISTICS						
				CONDITIONS OF	SALE & TERM	S OF PAYMENT				
COUNTRY										
OR ORIGIN	MARKS AND NUME			EM DESCRIPTION	UNIT QTY.	UNIT PRICE	AMOUNT			
		IOT RELATE								
	DESCRIPTION			H.S. CODE			0.00			
							0.00			
							0.00			
							0.00			
							0.00			
							0.00			
							0.00			
							0.00			
							0.00			
							0.00			
							0.00			
							0.00			
							0.00			
							0.00			
S.L. & C. SEAL	NOS.				1					
TARE	DUNAGE		FOREST PERMIT NC).						
IF GOODS ARE	NOT SOLD STATE REASON FOR	EXPORT	EXPORT PERMIT NO.			PACKING				
	REIGHT CHARGES		NPR		-	OCEN OR INT'L FREIGHT				
ESTIMATED F	REIGHT CHARGES					DOMESTIC FREIGHT CHARGES INSURANCE				
TO POINT OF	EXIT \$ N/A	OR TO DES	STINATION \$	N/A		MISC. TRANSP.				
	ANSPORTATION FROM POINT			CONTAINERIZATION	1	COMMISSIONS				
ROAD			CONTAINER							
CERTIFICATIO	ON OF ORIGIN		ASSISTS							
SIGN BELOW ONLY IF ALL GOODS LISTED QUALIFY FOR FREE TRADE BENEFITS.						INVOICE TOTAL	0.00			
I CERTIFY TH	AT: In is the sing second second state is sessing the description of the operation of the second		נארה נוסא בארו וואראי זכן ארע נאנאי אנספירנארוויג מי ח	Menal onissions made or in connection with this	NAME OF RESPO	NSIBLE EMPLOYEE OR EX	(PORTER			
document.		aproximitation in a fullition								
certificate:	upon request documentation necessary to support this certificateans				BLP GLOBAL SHC	W LOGISTICS INC				
	tory of one or more of the parties and comply with the origin requiren oduction or any other operation outsides the territories of the parties		ods in the North America Free Trade agreement a	nd unless specifically exempted in Article 411 or Annex		RD, STRATFORD, PE C1B	2\/5			
	oduction or any other operation outsides the territories of the parties CATE CONSISTS OF PAG					S IF DIFFERENT THAN EXPORT				
PLACE/DATE		-			STATUS 🛛 OWNER 🗖 AGENT					
TITLE/SIGNATURE										



PROTECTED (When Completed)

NORTH AMERICAN FREE TRADE AGREEMENT CERTIFICATE OF ORIGIN

(Instructions Attached)

Exporter's Name and Address:			2 Blanket Period:					
			DD - MM - YY DD - MM - YY			- YY		
				From:	:		To:	
		Tax Identifica	tion Number:					
		Tax Identifica						
3								
3	Producer's Name and Address:			4	Importer's Name	and Address:		
		Tax Identifica	tion Number:	Tax Identification Number:				
5			6 tariff Classification	7		8	9	10
	Description of Good(s)	number		forence Criterian		Net Cent	
			i la indi	Pre	ference Criterion	Producer	Net Cost	Country of Origin
_								
11	I Certify that:							
- the	nformation on this document is true and ac	curate and I assu	ume the responsibility for	proving	such represtations.	I understand that I a	am liable for any false	
stat	ements or material omissions made on or ir	connection with	this document;					
-lag	ree to maintain, and present upon request, o	locumentation ne	ecessary to support this C	Certifica	ite, and to inform, in	writing, all persons to	whom the Certificate	
	given of any changes that would affect the					0. 1		
	goods orginated in the territory of one or mo	-		in reaui	rements specified fo	r those goods in the	North American Free	
	e Agreement, and unless specifically exen							
	e parties; and							
		ng all attachment	s					
	ized Signature:			Compan	iv:			
Name:			Title:					
Date:		Telephone:				Fax:		
	dd/mm/yyyy	. Siepriorie.						~
B23	32 E (98)							Canadä

Printed in Canada

A430