

ROOFTECH 2019

Appointed by:

PALAIS DES CONGRES DE
MONTREAL
MONTREAL, QC
APRIL 16-17, 2019

 informa
canada

Customs Clearance Services

TWI Canada has been appointed by Informa as the Official Customs Broker for all shipments originating outside of Canada. Using the official broker will eliminate the possibility of materials being held at the border by Canada Border Services Agency (Canada Customs) due to improper or insufficient documentation, resulting in these same materials arriving too late or not at all. We will assist all Exhibitors with their temporary imports, permanent entries & export of Exhibit Materials.

Please Note: Exhibitors using their own broker will have to arrange their own bond or cash deposit with Canada Customs at the point of entry into Canada.

TWI Canada will provide the following services:

- On-site service from the first move-in day to the last day of move-out
- 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 outbound export documents, bills of lading and provide U.S. Customs Clearance, when required, as well as providing shipping labels

For more information, please contact:

Pat D'Alessandro

Phone: 905.812.1124 ext. 6410
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Zaza Vili

Phone: 905.812.1124 ext. 6408
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Shannon Trotter

Phone: 905.812.1124 ext. 6401
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Owen Hickey

Phone: 905.812.1124 ext. 6406
Mobile: 416.668.7990
Email: orders@twigroup.com

Form Checklist

- Customs & Transportation Services Order Form (Mandatory)**
 - Please ensure that all fields, including credit card information and client signature (at bottom of form), are completed.
 - Note: IRS# (U.S. Tax ID, or E.I.N.) is required if goods will be returning to the USA.

- Commercial Invoice / Packing List (Mandatory)**
 - Complete all required information per example provided.
 - All invoices **MUST** include detailed descriptions (using general terms), countries of origin, and values for all items in the shipment.
 - For shipments that include electronics, please also provide the brand name and model # for each item in the description.

- Advanced Warehouse Order Form**
 - Required for any shipments that will be arriving at the advanced warehouse prior to the event move-in.
 - Please ensure that all fields, including credit card information and carrier/shipment information, are completed.

- Certificate of Registration (CF4455)**
 - Required for all shipments from the USA.

****NOTE:** All forms must be completed and returned to TWI Canada for review, prior to shipping.

Shipping Checklist

****PRIVATE VEHICLE & AIRLINE HAND BAGGAGE:**

If you intend to bring your goods across the border in a private vehicle (personal, company, or rental), or carry them as baggage on an airline, there are documents that must accompany the individual carrying the materials. Please contact TWI Canada at least 1 week in advance of your expected crossing.

- Complete required forms above & send them to TWI Canada via e-mail or fax.
- Schedule your pick-up (if not arranging transportation through TWI Canada).
 - We strongly suggest that exhibitors DO NOT ship by parcel courier, or by mail. Please contact TWI Canada for advice on how best to handle these types of shipments.
 - Goods being shipped need to abide by the following timelines:
 - o **TRUCK / COMMON CARRIER:** scheduled to arrive 1 week prior to show opening
 - o **AIRFREIGHT:** scheduled to arrive 3 days (minimum) prior to show opening
 - o **VAN LINE:** Shipments may be sent direct to show site and should be scheduled for delivery on the appropriate move-in day.
 - All shipments **MUST BE SENT PREPAID**. TWI Canada will not accept any collect freight charges. Shipments sent collect will be refused.
- Label your freight.
 - All pieces must be labelled clearly; showing the address where the freight is going, piece # and total # of pieces (e.g. piece 1 of 3), emergency contact information, and **"NOTIFY TWI CANADA FOR CUSTOMS CLEARANCE"**.
 - For freight on skids/pallets, if possible, we recommend that a label be placed on each individual carton, case, etc. and that any large pieces have labels placed on multiple sides.
 - Ensure that any previous shipping labels (used for past shipments) have been removed / destroyed.
- Ship your goods, ensuring that the appropriate documents have been provided.
 - The Bill of Lading or Air Waybill, all Customs documents, and labels must be marked **"NOTIFY TWI CANADA FOR CUSTOMS CLEARANCE"**.
 - If shipping out of the USA, the body of the Bill of Lading or Air Waybill, must also be marked **"CERTIFICATE OF REGISTRATION (CF4455) ATTACHED. GOODS MUST BE PRESENTED TO U.S. CUSTOMS PRIOR TO EXPORT FROM THE USA. STAMPED COPIES MUST BE PROVIDED TO TWI CANADA (FAX: 905-812-0133), AND TURNED OVER ON DELIVERY."**
 - 3 completed copies of the Commercial Invoice must be attached to the Bill of Lading or Air Waybill.
 - If shipping out of the USA, 3 copies of the Certificate of Registration (CF4455) must be attached to the Bill of Lading or Air Waybill.
- On show site:
 - The show site has been declared a bonded area for the entire event. Under **NO** circumstances are any goods to be removed without prior consent of TWI Canada.
 - TWI Canada can provide the following services:
 - o Return of goods to your stated destination
 - o Supply required shipping documents, export documents, and labels
 - o Arrange Customs clearance of any goods remaining in Canada; applicable duties and taxes must be paid prior to removal from the show site.
 - o Arrange transfer of goods to be displayed at another event in Canada
 - NOTE: TWI Canada is not responsible for lost, stolen, or damaged freight. All goods should be insured for the entire duration of the event; prior to, during, and after. Please contact TWI Canada for more information on cargo insurance.

Customs & Transportation Services Order Form



Please accept this as authority for TWI Exhibition Logistics, Inc. a division of TWI Group, Inc. ("TWI"), located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7; business number 129144481RM0001, 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. Such business may include, but is not limited to:

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

In signing this form, I grant TWI 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

| | |
|--|---|
| Show/Event Name: NAME OF THE SHOW / EVENT YOU ARE ATTENDING | Show/Event Dates: DATES THE SHOW / EVENT IS BEING HELD |
| Services Required (please check one): | |
| <input checked="" type="checkbox"/> Customs Clearance and Transportation | <input type="checkbox"/> Customs Clearance Only |
| | <input type="checkbox"/> Transportation Only |

| | |
|----------------------|---|
| Shipper Info. | Company Name: ABC COMPANY |
| | IRS #: 12-3456789 |
| | Address: 123 SOMEPLACE AVENUE SUITE 3 |
| | City: NEW YORK State/Prov: NY Zip/Post: 10093 |
| | Contact Name: JOHN SMITH Tel: 555-555-0000 |
| | E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001 |

| | |
|-----------------------|--|
| Delivery Info. | Company Name: ABC COMPANY Booth #: 1001 |
| | Facility Name: SHOW / EVENT VENUE NAME |
| | Address: VENUE ADDRESS |
| | City: TORONTO State/Prov: ON Zip/Post: M0X X0X |
| | On-site Contact: JANE DOE Cell: 555-555-0002 |
| | E-mail: JDOE@ABCCOMPANY.COM |

| | |
|---|---|
| Return Freight Info. | <input type="checkbox"/> No Return Shipment <input checked="" type="checkbox"/> Same as Shipper |
| | Company Name: ABC COMPANY |
| | IRS #: 12-3456789 |
| | Address: 123 SOMEPLACE AVENUE SUITE 3 |
| | City: NEW YORK State/Prov: NY Zip/Post: 10093 |
| | Contact Name: JOHN SMITH Tel: 555-555-0000 |
| E-Mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001 | |

| | |
|---|---|
| Billing Info. | <input type="checkbox"/> No Return Shipment <input checked="" type="checkbox"/> Same as Shipper |
| | Company Name: ABC COMPANY |
| | Importer # (if applicable): 123456789RM0001 |
| | Address: 123 SOMEPLACE AVENUE SUITE 3 |
| | City: NEW YORK State/Prov: NY Zip/Post: 10093 |
| | Contact Name: JOHN SMITH Tel: 555-555-0000 |
| E-mail: JSMITH@ABCCOMPANY.COM Fax: 555-555-0001 | |

| Payment Info. | |
|--|--|
| Charge to: | <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express |
| Cardholder Name: JOHN SMITH | Title: CEO |
| Credit Card Number: 1234 5678 9123 4567 | Expiry Date: 07/22 |
| I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00 CAD). | |
| Cardholder Signature: <i>John Smith</i> | Date: MM/DD/YYYY |

| Shipment Info. | # of Pieces | Type of Pieces (Box/Crate/Skid, etc.) | Length | Width | Height | Per Piece | Total | |
|---|-------------|---------------------------------------|----------------------------|--|--------|-----------|----------------------|-----|
| | 2 | BOXES | @ Dimensions (Inches) Each | 23 | 23 | 48 | @ Weight (lbs) Each | 56 |
| | 1 | SKID | @ Dimensions (Inches) Each | 48 | 48 | 48 | @ Weight (lbs) Each | 400 |
| | | | @ Dimensions (Inches) Each | | | | @ Weight (lbs) Each | |
| | | | @ Dimensions (Inches) Each | | | | @ Weight (lbs) Each | |
| | 3 | Total | | | | | Total Weight: | 512 |
| Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2 nd 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/Delivery <input checked="" type="checkbox"/> Weekend Pick Up/Delivery | | | | | | | | |
| Total Value of Shipment (USD): \$ 10,000.00 | | | | Ready for Pick-up: MM/DD/YYYY (Date) | | | | |
| Available for Pick-up Between: 8:00 AM - 4:00 PM (Times - hrs of operation) | | | | Must Delivery By: MM/DD/YYYY H:MM - H:MM (Date & Time) | | | | |
| Carrier Name & Contact Info: TRANSPORTATION COMPANY & CONTACT PHONE / E-MAIL (if using any carrier other than TWI) | | | | | | | | |
| Special Instructions: ANY ADDITIONAL INFORMATION -- SPECIAL HANDLING INSTRUCTIONS, SPECIFIC SHOW MOVE IN / MOVE OUT DATES & TIMES, ADVANCE WAREHOUSE CUT-OFF DATES, EXPECTED DATE OF RETURN, ETC. | | | | | | | | |
| 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 TWI. Rather than attempt to recover under liability terms, TWI 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 TWI for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from TWI. | | | | | | | | |

| Terms & Conditions | |
|--|--|
| This order is placed with the specific understanding that we are engaging TWI as our agent. TWI performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at http://www.twiglobal.com/twicancustomsterms.pdf . TWI performs its transportation services in the role of agent pursuant to the "Standard Trading Conditions of the Canadian International Freight Forwarders Association, Inc.", as published online at https://www.ciffa.com/downloads/stc/ciffatradingterms.pdf . The foregoing terms, respectively, limit the liability of TWI and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under TWI's "Trading Conditions Applicable to Customs Services" and "Standard Trading Conditions of the Canadian International Freight Forwarders Association, Inc.", the liability of TWI - 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 TWI 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: <i>John Smith</i> | |
| Name: JOHN SMITH | |
| Title: CEO | |
| Date: MAY 5, 2017 | |

| Accepted by TWI Group, Inc. | |
|-----------------------------|--|
| Signature: | |
| Name: | |
| Title: | |
| Date: | |

Customs & Transportation Services Order Form

Please accept this as authority for TWI Exhibition Logistics, Inc. a division of TWI Group, Inc. ("TWI"), located at 7145 West Credit Avenue, Building 1, Unit 101A, Mississauga, ON L5N 6J7; business number 129144481RM0001, 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. Such business may include, but is not limited to:

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

In signing this form, I grant TWI 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



| | |
|--|--------------------------|
| Show/Event Name: | Show/Event Dates: |
| Services Required (please check one): | |
| <input type="checkbox"/> Customs Clearance and Transportation <input type="checkbox"/> Customs Clearance Only <input type="checkbox"/> Transportation Only | |

| | |
|-----------------------------------|---|
| Shipper Info. | Company Name: |
| | IRS #: |
| | Address: |
| | |
| | City: State/Prov: Zip/Post: |
| | Contact Name: Tel: |
| E-mail: Fax: | |

| | | |
|-----------------------------------|---|----------|
| Delivery Info. | Company Name: | Booth #: |
| | Facility Name: | |
| | Address: | |
| | | |
| | City: State/Prov: Zip/Post: | |
| | On-site Contact: Cell: | |
| E-mail: Fax: | | |

| | |
|---|--|
| Return Freight Info. | <input type="checkbox"/> No Return Shipment <input type="checkbox"/> Same as Shipper |
| | Company Name: |
| | IRS #: |
| | Address: |
| | |
| | City: State/Prov: Zip/Post: |
| Contact Name: Tel: | |
| E-Mail: Fax: | |

| | |
|---|---|
| Billing Info. | <input type="checkbox"/> Same as Shipper |
| | Company Name: |
| | Importer # (if applicable): |
| | Address: |
| | |
| | City: State/Prov: Zip/Post: |
| Contact Name: Tel: | |
| E-mail: Fax: | |

| | | | | |
|--|--|-------------------------------|-------------------------------------|---|
| Terms of Payment and Security Deposit – MUST BE COMPLETED | | | | |
| Payment Info. | Charge to: | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| | Cardholder Name: | CVV Number: | (3 digit number) | |
| | Credit Card Number: | Expiry Date: | | |
| | I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00 CAD). | | | |
| | Cardholder Signature: | Date: | | |

| Shipment Info. | # of Pieces | Type of Pieces (Box/Crate/Skid, etc.) | Length | Width | Height | 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 | |
| | Total | | | | | Total Weight: | |

| | | | | | |
|-----------------------|--------------------------------|---------------------------------------|--|---|---------------------------------------|
| Shipment Info. | Requested Service Level: | <input type="checkbox"/> Air | <input type="checkbox"/> 2 nd Day | <input type="checkbox"/> Truck | <input type="checkbox"/> Other: _____ |
| | Additional Services Required: | <input type="checkbox"/> Lift Gate | <input type="checkbox"/> Inside Pick Up/Delivery | <input type="checkbox"/> Weekend Pick Up/Delivery | |
| | Total Value of Shipment (USD): | Ready for Pick-up: | (Date) | | |
| | Available for Pick-up Between: | (Times - hrs of operation) | Must Delivery By: | (Date & Time) | |
| | Carrier Name & Contact Info: | (if using any carrier other than TWI) | | | |
| Special Instructions: | | | | | |

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 TWI. Rather than attempt to recover under liability terms, TWI 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 TWI for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from TWI.

Terms & Conditions
 This order is placed with the specific understanding that we are engaging TWI as our agent. TWI performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at <http://www.twiglobal.com/twicancustomsterms.pdf>. TWI performs its transportation services in the role of agent pursuant to the "Standard Trading Conditions of the Canadian International Freight Forwarders Association, Inc.", as published online at <https://www.ciffa.com/downloads/stc/ciffatradingleaders.pdf>. The foregoing terms, respectively, limit the liability of TWI and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under TWI's "Trading Conditions Applicable to Customs Services" and "Standard Trading Conditions of the Canadian International Freight Forwarders Association, Inc.", the liability of TWI - 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 TWI 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: |
| Name: |
| Title: |
| Date: |

| |
|------------------------------------|
| Accepted by TWI Group, Inc. |
| Signature: |
| Name: |
| Title: |
| Date: |

COMMERCIAL INVOICE / PACKING LIST

| | | | | |
|--|--|-------------------|---|--|
| Sender: ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093 JOHN SMITH - 555-555-0000 | Consignee: ABC COMPANY, BOOTH #1001 NAME OF THE SHOW/EVENT VENUE NAME VENUE ADDRESS ONSITE CONTACT NAME & CELL PHONE # | License: | LICENSE #, IF APPLICABLE | REMARKS ("X" each item) *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD |
| | | Carnet: | CARNET #, IF APPLICABLE | |
| | | IRS #: | 12-3456789 | |
| | | Pieces: | 3 | |
| | | Weight: | 512 <input type="checkbox"/> kg <input checked="" type="checkbox"/> lbs | |
| | | Currency: | USD | |
| | | Ship Date: | 5/5/2017 | |

| # of Pieces | Item No. | Qty | Description of Contents <small>Please include Brand Name & Model # for all electronic equipment.</small> | Origin | Weight in kg | Dimensions (Inches) | | | CBM | HTS | Remarks* | | | Value | |
|-------------|----------|------|---|--------|--------------|---------------------|----|----|------|---------------|----------|---|---|------------|-------------|
| | | | | | | L | W | H | | | A | B | C | Unit Value | Total Value |
| 1 OF 3 | 1 | 1 | DISPLAY BOOTH - BACKWALLS, PANELS, LIGHTS, GRAPHICS, CARPET & UNDERPAD | USA | 120 | 48 | 48 | 48 | 1.81 | 9403.20.00.70 | X | | | 10,000.00 | 10,000.00 |
| | 2 | 2 | 55" LED TV'S - LG MODEL# 55EG9100 | CHINA | 20 | | | | | 8528.72.33.00 | X | | | 700.00 | 1,400.00 |
| | 2 | 2 | METAL TV STANDS | JAPAN | 22 | | | | | 9403.20.00.70 | X | | | 200.00 | 400.00 |
| 2 OF 3 | 1 | 1000 | ADVERTISING LITERATURE | USA | 45 | 23 | 23 | 48 | 0.42 | 4911.10.00.90 | | | X | 0.05 | 50.00 |
| | 2 | 400 | BALL POINT PENS | CHINA | 5 | | | | | 9608.10.00.00 | | | X | 0.15 | 60.00 |
| 3 OF 3 | 1 | 200 | CATALOGS | USA | 20 | 23 | 23 | 48 | 0.42 | 4911.10.00.90 | | | X | 1.00 | 200.00 |
| | 2 | 2 | POSTERS | USA | 1 | | | | | 4911.91.00.20 | | X | | 15.00 | 30.00 |

**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: | 12,140.00 |
| INSURANCE: | 80.00 |
| FREIGHT CHARGE: | 700.00 |
| **TOTAL CIF VALUE: | 12,920.00 |

**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 TWI and their agent, 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 conditions of carriage. The values listed on this document represent fair-market value.

Signature: John Smith

Date: 5/5/2017

COMMERCIAL INVOICE / PACKING LIST

| | | | | |
|---------|------------|------------|--|---|
| Sender: | Consignee: | License: | | REMARKS ("X" each item) *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD |
| | | Carnet: | | |
| | | IRS #: | | |
| | | Pieces: | | |
| | | Weight: | <input type="checkbox"/> kg <input type="checkbox"/> lbs | |
| | | Currency: | | |
| | | Ship Date: | | |

| # of Pieces | Item No. | Qty | Description of Contents <small>Please include Brand Name & Model # for all electronic equipment.</small> | Origin | Weight in kg | Dimensions (Inches) | | | CBM | HTS | Remarks* | | | Value | |
|-------------|----------|-----|---|--------|--------------|---------------------|---|---|-----|-----|----------|---|---|------------|-------------|
| | | | | | | L | W | H | | | A | B | C | 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: | |
| **TOTAL CIF VALUE: | |

**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 TWI and their agent, 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 conditions of carriage. The values listed on this document represent fair-market value.

TEMPORARY IMPORT VALUE:
PERMANENT IMPORT VALUE:

Signature: _____

Date: _____