

Please read carefully before completing your documents inside.

1. COMMERCE CUSTOMS & TRANSPORTATION ORDER FORM

Please complete the enclosed Customers Order Form, ensuring that all fields, including credit card information, are filled.
N.B. Goods cannot be returned to the U.S.A. after the show unless I.R.S./Tax, I.D./E.I.N. number is provided.

2. CANADA CUSTOMS DOCUMENTATION (Photocopies are acceptable)

Enclosed is a Canada Customs invoice. **AN EXAMPLE FOR COMPLETION PURPOSES IS ENCLOSED.**

How to complete the Canada Customs Invoice:

- A. Fill in all information required on the Canada Customs Invoice, (Follow example enclosed.)
- B. Three (3) completed Canada Customs invoices must be attached to your Truck Bill of Lading, Air Waybill or Ocean Bill of Lading.
- C. The Bill of Lading or Air Waybill, all Customs documents and labels must be marked "NOTIFY COMMERCE FOR CUSTOMS CLEARANCE".
- D. Fax copies of the Canada Customs invoice, ORDER FORM, Truck Bill of Lading, Air Waybill, or Ocean Bill of Lading (and a copy of the FCC Information Sheet, if required).
- E. Retain a photocopy of all documents for your records and your on-site COMMERCE REPRESENTATIVE.

3A. ITEMS NOT OF U.S.A. ORIGIN AND TO BE RETURNED TO U.S.A. AFTER EVENT

VERY IMPORTANT:

For any items you are shipping to Canada that are not of U.S.A., origin but have been shipped from the U.S.A., the U.S. Certificate of Registration (Form 4455) contained in this brochure is required. This form must accompany the shipment to Canada **and must be signed by U.S. Customs prior to coming to Canada.**

Complete the 4455 as per the example and **MARK IN THE BODY OF YOUR BILL OF LADING OR AIR WAYBILL:**

"CERTIFICATE OF REGISTRATION 4455 ATTACHED. GOODS MUST BE IDENTIFIED BY U.S. CUSTOMS AT PORT OF EXIT AND CERTIFIED COPIES TO BE GIVEN TO COMMERCE AT DESTINATION".

3B. ITEMS THAT EMIT OR ARE CAPABLE OF EMITTING RADIATION

Goods of this type: high voltage vacuum tube or switch, industrial X-ray systems, laser light show, microwave heating products, microwave ovens, CD players, etc., require an FDA Radiation Form when they are returned to the U.S.A. Please complete the enclosed FDA Radiation Form to ensure your goods are not delayed upon return. Send the FDA Radiation Form with your Commerce Order Form.

3C. ITEMS THAT EMIT OR ARE CAPABLE OF EMITTING RADIO FREQUENCIES

Goods of this type: T.V.'s, communications equipment, computer equipment, monitors, microwaves, etc., require a Federal Communications Commission Statement when they are returned to the U.S.A. Please complete the enclosed F.C.C. Information Sheet to ensure your goods are not delayed upon return. Send the F.C.C. Form with your Commerce Order Form. Fax the F.C.C. Form to Commerce with a copy of the Order Form, the Canada Customs Invoice and your Bill of Lading or Air Waybill.

4. SHIPPING INSTRUCTIONS

Before shipping by Parcel Courier, i.e., UPS; call Commerce Customs Brokers for advice. We strongly suggest that all exhibitors DO NOT ship by parcel courier, or parcel post mail.

- A) Exhibition goods shipped by common surface carrier should be scheduled to arrive and be available for Customs processing one week prior to show opening.

Exceptions:

AIRFREIGHT – Schedule to arrive 3 days prior to show opening.

VAN LINE SHIPMENTS – May be sent direct to show site and should be scheduled to arrive on the appropriate move in day.

- B) All shipments **MUST BE SENT PREPAID.**

C) For direct delivery shipments: all Truck Bills of Lading, Ocean Bills of Lading, Air Waybills and shipping labels should be addressed consigned to:

Exhibitor Name:

Booth:

Name of Event:

Location:

City/Prov: Zip Code:

Notify: COMMERCE for Customs Clearance.

5. PRIVATE/COMPANY VEHICLES

For goods being transported to Canada by: company, rented, personal or other non-Canada Customs Bonded method of transport; Canada Customs Invoices (and Certificate of Registration Form and F.C.C. Information Form if applicable), must accompany the shipment. You **MUST** notify us in advance with:

- A. Date and estimated time of crossing.
- B. Specific border crossing point.
- C. Total value and brief description of the goods.
- D. Driver's Name, Vehicle License Number and State shown on License Plate.
- E. A fax copy will be required for all appropriate forms including the Order Form.

This information should be provided to our office one week prior to entering Canada.

6. AIRLINE HAND BAGGAGE

If you are bringing exhibit or commercial goods as airline baggage, in most cases "Formal" Customs clearance is required.

Contact our office at least one week in advance of your flight so arrangements can be made. Canada Customs Invoices (and Certificate of Registration Form and F.C.C. Information Form if applicable), must accompany the individual carrying the materials. A facsimile copy will be required for all appropriate forms including the Order Form.

7. SHOW SITE PROCEDURES

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 COMMERCE. COMMERCE can provide the following services:

- A) Return of goods to your stated destination.
Export Documents, Bill of Lading and labels supplied by COMMERCE.
- B) Arrange Customs clearance of those goods remaining in Canada. The applicable duties and taxes must be paid prior to removal from the show site.
- C) Arrange in-bond transfer of goods to be displayed at another Canada Customs recognized event.
- D) Coordinate under Customs supervision the destruction of non-returning items.
- E) Note: COMMERCE is not responsible for lost, stolen or damaged freight.
All goods should be insured; prior to; during; and after the show.



The Commerce Trade Show Logistics Group Ltd.

CUSTOMS AND TRANSPORTATION SERVICES ORDER FORM

Please accept as your authority for Customs Clearance and or Transportation Services

Services Required

Customs Clearance and Transportation Customs Clearance Only Transportation Only

Pick up Address	Company Name			Delivery Address	Company Name		
	IRS #				Show Name		Booth #
	Address				Address		
	Address				Address		
	City	State/Prov	Zip/Post		Address		
	Contact Name				City	State	Zip/Post
Phone #			Fax #		On Site Contact		Cell Phone #
Send Bill To:	Company Name			Return Freight	Company Name		
	Address				Address		
	City	State/Prov	Zip/Post		City	State	Zip/Post
	Contact Name				Contact Name		
	Phone #				Fax #		Phone #

TERMS OF PAYMENT AND SECURITY DEPOSIT - MUST BE COMPLETED

Charge To Visa MasterCard American Express

Card Holder Name _____ Title _____

Credit Card # _____ Expiry Date _____ Security Number _____

I hereby authorize the use of this credit card for payment of services related to this order from. I understand that declined credit cards are subject to a 30% surcharge.

Card Holder Signature _____ Date _____

SHIPMENT INFORMATION

(IF NOT USING COMMERCE LOGISTICS) CARRIER NAME _____

PICK UP DATE _____	TIME _____	DELIVERY DATE _____	TIME _____
Number of Pieces	Dimensions (Inches)		Weight (LBS)
Cartons/Boxes _____	L _____ W _____ H _____	_____	_____
Crates/Fiber Case _____	L _____ W _____ H _____	_____	_____
Skid/Pallet _____	L _____ W _____ H _____	_____	_____
Carpet/Other _____	L _____ W _____ H _____	_____	_____
TOTAL _____	TOTAL		_____
Requested Service Level	<input type="checkbox"/> Air	<input type="checkbox"/> 2nd Day	<input type="checkbox"/> Truck
Additional Services Required	<input type="checkbox"/> Lift Gate	<input type="checkbox"/> Inside Pick Up/Delivery	

CARGO INSURANCE / DECLARED VALUE - Only to be completed when using Commerce Logistics

The declared value for carriage of this shipment is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged but not less then \$50.00 per shipment UNLESS a value is declared below & applicable charges paid. Subject to the terms and conditions of the liability of the Forwarder for loss/damage stated below. Cargo insurance will not apply or cover any electronic goods.

Do you Require Additional Insurance? YES NO **DECLARED VALUE** _____

(Additional Fees for Cargo Insurance will apply)

TERMS AND CONDITIONS

This order is placed with the specific understanding that we hereby release Commerce Trade Show Logistics Group Ltd (C.T.S.L.G. Ltd) and or agents from all liability for loss, damage and or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled. 1) C.T.S.L.G.Ltd shall not be responsible for damage to uncrated materials, improperly packaged or concealed damage. 2) C.T.S.L.G. Ltd will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3)C.T.S.L.G. Ltd liability is outlined in the above Cargo Insurance/Declared Value section. Please ensure you are self insured or you must declare a value for carriage and pay the charges applicable for the service. 4) C.T.S.L.G. Ltd shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to an exhibitors materials which make it impossible or impractical to exhibit same. 5) Each Exhibitor is responsible to declare all hazardous materials and abide by all Federal, Provincial, State and local laws.

I have read and agree to the Terms and Conditions of this Contract with C.T.S.L.G. Ltd

Print Name _____ Signature/Authorization _____ Date _____

PLEASE FAX COMPLETED ORDER FORM TO 905-673-2574



CUSTOMS AND TRANSPORTATION SERVICES ORDER FORM

Please accept as your authority for Customs Clearance and or Transportation Services

Services Required

Customs Clearance and Transportation Customs Clearance Only Transportation Only

Pick up Address	Company Name	ABC Company			Delivery Address	Company Name	ABC Company		
	IRS #	12-1234567				Show Name	ISA 2008	Booth #	524
	Address	123 Howard St				Address	Metro Toronto Convention Center		
	Address	Suite 3				Address	255 Front St West		
	City	New York	State/Prov	NY		Zip/Post	10001		
	Contact Name	John Doe				City	Toronto	State	ON
Phone #	212-555-1234	Fax #	212-555-1235		On Site Contact	Mike	Cell Phone #	519-426-1234	
Send Bill To:	Company Name	ABC Company			Return Freight	Company Name	ABC Company		
	Address	123 Howard St, Suite 3				Address	123 Howard St		
	City	New York	State/Prov	NY		Zip/Post	10001		
	Contact Name	John Doe				Contact Name	John Doe		
	Phone #	212-555-1234	Fax #	212-555-1235		Phone #	212-555-1234		

TERMS OF PAYMENT AND SECURITY DEPOSIT - MUST BE COMPLETED

Charge To	Visa	MasterCard	<input checked="" type="checkbox"/> American Express		
Card Holder Name	John Doe		Title	CEO	
Credit Card #	1234 5648 9123 1253	Expiry Date	10/09/2008	Security #	123
<p>I hereby authorize the use of this credit card for payment of services related to this order from. I understand that declined credit cards are subject to a 30% surcharge.</p>					
Card Holder Signature				Date	12/01/2008

SHIPMENT INFORMATION

(IF NOT SHIPPING VIA COMMERCE LOGISTICS) CARRIER NAME _____

PICK UP DATE	Jan 2, 2008	TIME	9am-5pm	DELIVERY DATE	Jan. 29, 2008	TIME	9am-3pm	
Number of Pieces	Dimensions (Inches)			Weight (LBS)				
Cartons/Boxes	2	L	23	W	23	H	48	112
Crates/Fiber Case		L		W		H		
Skid/Pallet	1	L	48	W	48	H	48	400
Carpet/Other		L		W		H		
TOTAL	3						TOTAL	512
Requested Service Level	<input type="checkbox"/> Air	<input type="checkbox"/> 2nd Day	<input checked="" type="checkbox"/> Truck					
Additional Services Required	<input checked="" type="checkbox"/> Lift Gate	<input type="checkbox"/> Inside Pick Up/Delivery						

CARGO INSURANCE / DECLARED VALUE - Only to be completed when using Commerce Logistics

The declared value for carriage of this shipment is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged but not less then \$50.00 per shipment UNLESS a value is declared below & applicable charges paid. Subject to the terms and conditions of the liability of the Forwarder for loss/damage stated below. Cargo insurance will not apply or cover any electronic goods.

Do you Require Additional Insurance? YES NO **DECLARED VALUE** **\$5,000.00**

(Additional Fees for Cargo Insurance will apply)

TERMS AND CONDITIONS

This order is placed with the specific understanding that we hereby release Commerce Trade Show Logistics Group Ltd (C.T.S.L.G. Ltd) and or agents from all liability for loss, damage and or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled. 1) C.T.S.L.G.Ltd shall not be responsible for damage to uncrated materials, improperly packaged or concealed damage. 2) C.T.S.L.G. Ltd will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3)C.T.S.L.G. Ltd liability is outlined in the above Cargo Insurance/Declared Value section. Please ensure you are self insured or you must declare a value for carriage and pay the charges applicable for the service. 4) C.T.S.L.G. Ltd shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to an exhibitors materials which make it impossible or impractical to exhibit same. 5) Each Exhibitor is responsible to declare all hazardous materials and abide by all Federal, Provincial, State and local laws.

I have read and agree to the Terms and Conditions of this Contract with C.T.S.L.G. Ltd

Print Name John Doe Signature _____ Date 12/01/2008



1. Vendor (Name and Address) / <i>Vendeur (Nom et adresse)</i>		2. Date of Direct Shipment to Canada / <i>Date d'expédition directe vers le Canada</i>	
4. Consignee (Name and Address) / <i>Destinataire (Nom et adresse)</i>		3. Other References (Include Purchaser's Order No.)	
5. Purchaser's Name and Address (if other than Consignee) <i>Nom et adresse de l'acheteur (s'il diffère du destinataire)</i>		6. Country of Transshipment / <i>Pays de transbordement</i>	
VII. 1 is this a related company transaction? <i>Est-ce que les compagnies sont liées entre elles?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Oui <input type="checkbox"/> Non <input type="checkbox"/></i>		7. Country of Origin of Goods / <i>Pays d'origine de marchandises</i>	
8. Transportation: Give Mode and Place of Direct Shipment to Canada <i>Transport: Préciser mode et lieu d'expédition direct vers le Canada</i>		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. <i>S'IL L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES EN PRÉCISER LA PROVENANCE EN 12.</i>	
9. Condition of Sale and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) <i>Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.)</i>		10. Currency of Settlement / <i>Devises du paiement</i>	
11. No. of pkgs <i>Nbre de colis</i>	12. Specification of Commodities (Kind of Packages, Marks and Number, General Description and Characteristics i.e. Grade Quality) <i>Désignation des articles (Nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)</i>	13. Quantity (State Unit) <i>Quantité (Préciser l'unité)</i>	Selling Price / <i>Prix de vente</i> 14. Unit price <i>Price unitaire</i> 15. Total
XI. 1 Total number of Pieces / <i>Nombre total de Pieces</i>			
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <i>Si les renseignements des zones 1 à 17 figurent sur la facture commerciale, cocher cette case</i> Commercial Invoice No. / <i>N° de la facture commerciale</i> <input type="checkbox"/>		16. Total Weight / <i>Poids total</i> Net <input type="checkbox"/> Gross / <input type="checkbox"/>	17. Invoice Total <i>Total de la facture</i>
19. Exporter's Name and Address (if other than Vendor) <i>Nom et adresse de l'exportateur (s'il diffère de vendeur)</i>		20. Originator (Name and Address) <i>Expéditeur d'origine (Nom et adresse)</i>	
21. Departmental Ruling (if applicable) <i>Décision ministérielle (s'il y a lieu)</i>		22. If fields 23 to 25 are not applicable, check this box <i>Si les zones 23 à 25 sont sans objet, cocher cette case</i> <input type="checkbox"/>	
23. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i> \$ _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada <i>Les coûts de construction, de montage et d'assemblages après importation au Canada</i> \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i> \$ _____	24. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i> \$ _____ (ii) Amounts for commissions other than buying commissions <i>Les commissions autres que celles versées pour l'achar</i> \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i> \$ _____	25. Check (if applicable) <i>Cocher (s'il y a lieu)</i> (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser <i>Des redevances ou produits ultérieurs ont été ou seront versés par l'acheteur</i> <input type="checkbox"/> (ii) The purchaser has supplied goods and services for use in the production of these goods <i>L'acheteur a fourni des biens ou des services pour la production de ces marchandises.</i> <input type="checkbox"/>	



1. Vendor (Name and Address) / <i>Vendeur (Nom et adresse)</i> <i>Name and Address of Shipper</i>		2. Date of Direct Shipment to Canada / <i>Date d'expédition directe vers le Canada</i> <i>Date Shipped Must Be Shown</i>		3. Other References (Include Purchaser's Order No.) <i>Exporter's I.R.S./Tax I.D./E.I.N. Number Must Be Shown</i>	
4. Consignee (Name and Address) / <i>Destinataire (Nom et adresse)</i> <i>Name of Exhibitor / Booth Number</i> <i>Name of Event, Facility's Name, Street Address</i> <i>City, Province Postal Code</i> <i>Notify: COMMERCE for Customs Clearance</i>		5. Purchaser's Name and Address (if other than Consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) <i>For Display Purposes Only</i>			
VII. 1 is this a related company transaction? <i>Est-ce que les compagnies sont liées entre elles?</i> Yes <input type="checkbox"/> No <input type="checkbox"/> Oui <input type="checkbox"/> Non <input type="checkbox"/>		6. Country of Transshipment / <i>Pays de transbordement</i>		7. Country of Origin of Goods / <i>Pays d'origine de marchandises</i> <i>U.S.A., Japan Etc. Must be Shown</i>	
8. Transportation: Give Mode and Place of Direct Shipment to Canada <i>Transport: Préciser mode et lieu d'expédition direct vers le Canada</i> <i>Name of Carrier (Please Use "Canada Customs Bonded Carrier")</i> <i>Place of Loading</i>		9. Condition of Sale and Terms of Payment (i.e. Sale, Consignment Shipment, Leased Goods, etc.) <i>Conditions de vente et modalités de paiement</i> (p. ex. vente, expédition en consignation, location de marchandises, etc.) <i>No Sale Involved</i>		10. Currency of Settlement / <i>Devises du paiement</i> <i>Must Be Shown</i>	
11. No. of pkgs <i>Nbre de colis</i>	12. Specification of Commodities (Kind of Packages, Marks and Number, General Description and Characteristics i.e. Grade Quality) <i>Désignation des articles (Nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)</i>	13. Quantity (State Unit) <i>Quantité (Préciser l'unité)</i>	Selling Price / <i>Prix de vente</i>		
			14. Unit price <i>Price unitaire</i>	15. Total	
2 pcs	#1, #2 Wooden Crates Containing Display Booth K.D., (Backwalls, Lights, Carpet, Graphics) and/or Description of Product for Display	1	5,000.00	5,000.00	
2 pcs	Cartons of Technical / Promotional Literature	5,000	.15	750.00	
1 pc	Cartons of Letter Openers	50	.50	25.00	
1 pc	Carton of Bottle Openers	50	1.00	50.00	
<i>Notify: COMMERCE for Customs Clearance</i>					
XI. 1 Total number of Pieces / <i>Nombre total de Pieces</i> <i>6 Pcs. (Total Number of Pieces Must Be Shown)</i>					
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box <i>Si les renseignements des zones 1 à 17 figurent sur la facture commerciale, cocher cette case</i> Commercial Invoice No. / <i>N° de la facture commerciale</i> <input type="checkbox"/>		16. Total Weight / <i>Poids total</i>		17. Invoice Total <i>Total de la facture</i> <i>Total Value Must Be Shown</i>	
		Net		Gross / <i>412 Kilos</i>	
19. Exporter's Name and Address (if other than Vendor) <i>Nom et adresse de l'exportateur (s'il diffère de vendeur)</i> <i>Complete this Box when the shipper is OTHER than the Owner of these Goods (Contact Name, Company Name, Address, Telephone Number, Etc.)</i>		20. Originator (Name and Address) <i>Expéditeur d'origine (Nom et adresse)</i> <i>Same as Shipper</i> <i>Indicate Telephone Number and Contact Name (Person who has knowledge of this shipment)</i>			
21. Departmental Ruling (if applicable) <i>Décision ministérielle (s'il y a lieu)</i>		22. If fields 23 to 25 are not applicable, check this box <i>Si les zones 23 à 25 sont sans objet, cocher cette case</i> <input type="checkbox"/>			
23. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i> \$ _____ (ii) Costs for construction, erection and assembly incurred after importation into Canada <i>Les coûts de construction, de montage et d'assemblages après importation au Canada</i> \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i> \$ _____		24. If included in field 17 indicate amount <i>Si compris dans le total à la zone 17, préciser</i> (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada <i>Les frais de transport, dépenses et assurances à partir du lieu d'expédition directe vers le Canada</i> \$ _____ (ii) Amounts for commissions other than buying commissions <i>Les commissions autres que celles versées pour l'achar</i> \$ _____ (iii) Export packing <i>Le coût de l'emballage d'exportation</i> \$ _____		25. Check (if applicable) <i>Cocher (s'il y a lieu)</i> (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser <i>Des redevances ou produits ultérieurs ont été ou seront versés par l'acheteur</i> <input type="checkbox"/> (ii) The purchaser has supplied goods and services for use in the production of these goods <i>L'acheteur a fourni des biens ou des services pour la production de ces marchandises.</i> <input type="checkbox"/>	



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DO NOT WRITE IN SHADED AREAS

MAKE COPIES AND ATTACH THREE (3) COPIES TO YOUR BILL OF LADING

Form Approved OMB No. 48 -R0247

**COMPLETE WHEN GOODS
ARE NOT OF U.S.A. ORIGIN**

No.

VIA <i>(Carrier)</i>	B/L or INSURED NO.	DATE
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NAME, ADDRESS AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED <i>(If Applicable)</i>	ARTICLES EXPORTED FOR:	
	<input type="checkbox"/> ALTERATION * <input type="checkbox"/> REPAIR * <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> PROCESSING * <input type="checkbox"/> OTHER, (specify) -EXHIBITION <small>* NOTE: The cost or value of alterations, repairs or processing abroad is subject to Customs duty.</small>

LIST ARTICLES EXPORTED

NUMBER PACKAGES	KIND OF PACKAGES	DESCRIPTION
		EXPORTER: _____ TO: <i>(Consignee)</i> _____

SIGNATURE OF OWNER OR AGENT (Print or Type <u>and</u> Sign) TYPE NAME _____ SIGN NAME _____	TEL: () _____	DATE: _____
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THE ABOVE -DESCRIBED ARTICLES WERE:

EXAMINED		LADEN under my supervision	
DATE	PORT	DATE	PORT
SIGNATURE OF CUSTOMS OFFICER		SIGNATURE OF CUSTOMS OFFICER	

CERTIFICATE ON RETURN

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (see reverse if needed)

SIGNATURE OF IMPORTER (Print or Type <u>and</u> Sign)	DATE
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NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.



DO NOT WRITE IN SHADED AREAS

DO NOT WRITE IN SHADED AREAS

MAKE COPIES AND ATTACH THREE (3) COPIES TO YOUR BILL OF LADING

Form Approved OMB No. 48 -R0247

**COMPLETE WHEN GOODS
ARE NOT OF U.S.A. ORIGIN**

No. _____

VIA (<i>Carrier</i>) <i>Name of Trucking Company, Airline, etc.</i>	B/L or INSURED NO. <i>Complete if Available</i>	DATE <i>Must be Shown</i>
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NAME, ADDRESS AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED <i>(If Applicable)</i> <i>ABC Company 3405 American Drive, Unit 7 Mississauga, Ontario L4V 1T6</i>	ARTICLES EXPORTED FOR:	
	<input type="checkbox"/> ALTERATION * <input type="checkbox"/> REPAIR * <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> PROCESSING * <input type="checkbox"/> OTHER, (specify) - EXHIBITION * NOTE: The cost or value of alterations, repairs or processing abroad is subject to Customs duty.

LIST ARTICLES EXPORTED

NUMBER PACKAGES	KIND OF PACKAGES	DESCRIPTION
<i>3 Crates (1 - 3)</i>	<i>Wooden Crates as Addressed</i>	<i>Crate #1 - (Make / Brand Name) Model A - Computer Serial #123 - Made in Japan Crate #2 - (Make / Brand Name) Model A - Computer Serial #456 - Made in Hong Kong Crate #3 - (Make / Brand Name) Model A - Computer Serial #789 - Made in Taiwan</i> EXPORTER: <i>ABC Company 123 Main Street New York, New York 10001</i> TO: (<i>Consignee</i>) <i>ABC Company % Machinery Show, Booth #333 Name & Address of Event Facility</i>

SIGNATURE OF OWNER OR AGENT (Print or Type <u>and</u> Sign) TYPE NAME _____ SIGN NAME _____	TEL: () _____	DATE: _____
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THE ABOVE -DESCRIBED ARTICLES WERE:

EXAMINED		LADEN under my supervision	
DATE	PORT	DATE	PORT
SIGNATURE OF CUSTOMS OFFICER		SIGNATURE OF CUSTOMS OFFICER	

CERTIFICATE ON RETURN

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (see reverse if needed)

If your list of goods exceeds the available space — prepare your list (as above) on a separate sheet and mark on this form "Exhibition Material as per Attached". Please attach a copy of your list to each copy of the 4455 forms.

IMPORTANT: Be sure to mark the following in the body of your Air Waybill or Bill of Lading: U.S. Certificate of Registration Form 4455 Attached. Goods must be examined by U.S. Customs prior to export from U.S.A. and certified copies must be given to Commerce at show site.

SIGNATURE OF IMPORTER (Print or Type <u>and</u> Sign)	DATE
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NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB
3060-0059

**STATEMENT REGARDING THE IMPORTATION OF RADIO FREQUENCY DEVICES
CAPABLE OF CAUSING HARMFUL INTERFERENCE**

PART I – All Blocks MUST Be Completed				
Date of Entry	Entry Number	Port of Entry	Harmonized Tariff Number	Quantity of item (not container)
Do not complete shaded area				
Model/Type Name or Model/type Number	Trade Name	** FCC ID Number	Description of Equipment	
Manufacturer's Name and Address		Importer's Name and Address		
		Signature of Importer or Consignee	Date	
Consignee's Name and Address		Print or Type Name of Importer or Consignee		
WARNING: Any person who knowingly makes a false declaration may be fined not more than \$250,000 or imprisoned not more than 5 years, or both, pursuant to 18 U.S.C. 1001.				

PART II – With Regard to the Importation of the Described Radio Frequency Device(s), I DECLARE THAT:
(Place an "X" in only one box.)

	1. An equipment authorization has been issued by the FCC.
	2. An equipment authorization is not required but the equipment complies with FCC technical requirements.
	3. The described equipment is being imported in limited quantities for testing and evaluation for compliance with technical requirements or marketing suitability. The equipment will not be offered for sale or otherwise marketed. (See instructions.)
	4. The described equipment is being imported in limited quantities for demonstration at industry trade shows and will not be offered for sale or otherwise marketed. (See instructions.)
	5. The described equipment is being imported solely for export. It will not be offered for sale or otherwise marketed in the U.S.
	6. The described equipment is being imported for use exclusively by the U.S. Government.
	7. Three or fewer radio receivers, computers, or other unintentional radiators as defined in Part 15 of the FCC Rules, are being imported for an individual's personal use and are not intended for sale.
	8. The described equipment is being imported for repair and will not be offered for sale or otherwise marketed.

* If shipping multiple pieces of equipment with the same Model # and FCC ID #, complete only one form.
** If no FCC ID # appears on equipment, leave blank.

FEDERAL COMMUNICATIONS COMMISSION
Washington, DC 20554

Approved by OMB
3060-0059

**STATEMENT REGARDING THE IMPORTATION OF RADIO FREQUENCY DEVICES
CAPABLE OF CAUSING HARMFUL INTERFERENCE**

PART I – All Blocks MUST Be Completed				
Date of Entry	Entry Number	Port of Entry	Harmonized Tariff Number	Quantity of item (not container) <b style="text-align: center;">1
Do not complete shaded area				
Model/Type Name or Model/type Number <b style="text-align: center;">LaserJet 4	Trade Name <b style="text-align: center;">HEWLETT PACKARD	** FCC ID Number <b style="text-align: center;">B94C2001A	Description of Equipment <b style="text-align: center;">PRINTER	
Manufacturer's Name and Address <b style="text-align: center;">HEWLETT PACKARD 11311 CHINDEN BLVD.		Importer's Name and Address <b style="text-align: center;">ABC COMPANY 123 MAIN STREET		
Consignee's Name and Address <b style="text-align: center;">SAME AS IMPORTER		Signature of Importer or Consignee <b style="text-align: center;">ROBERT SMITH	Date <b style="text-align: center;">JAN	
		Print or Type Name of Importer or Consignee <b style="text-align: center;">ROBERT SMITH		

WARNING: Any person who knowingly makes a false declaration may be fined not more than \$250,000 or imprisoned not more than 5 years, or both, pursuant to 18 U.S.C. 1001.

PART II – With Regard to the Importation of the Described Radio Frequency Device(s), I DECLARE THAT:
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* If shipping multiple pieces of equipment with the same Model # and FCC ID #, complete only one form.
** If no FCC ID # appears on equipment, leave blank.



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION DECLARATION FOR PRODUCTS SUBJECT TO RADIATION CONTROL STANDARDS	Form Approved OMB No. 57-R0120 <p style="text-align: center;">INSTRUCTIONS</p> 1. Type or print with ball point pen. <i>(One form per model #)</i> 2. Complete one copy for U.S. Customs Commerce 3. Attach all completed copies to the Canada Customs Invoice
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DISTRICT / PORT DIRECTOR OF CUSTOMS

PORT OF ENTRY	ENTRY NO.	DATE
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PRODUCT IDENTIFICATION

NAME AND ADDRESS OF MANUFACTURER:

NAME AND ADDRESS OF IMPORTER OF RECORD:

ULTIMATE CONSIGNEE *(If not Importer of Record)*

QUANTITY	TYPE	BRAND NAME	MODEL NO.
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FOR X - RAY, LIST APPROPRIATE SYSTEMS OR COMPONENT CATEGORY

AFFIRMATION *(Check appropriate statement and sign)*

I/WE hereby declare:

A. That the electronic products identified above were manufactured prior to the date of any applicable electronic product performance standard.

Date of Manufacture: _____

B. That the electronic products identified above comply with the performance Standards prescribed in Food and Drug Administration Rules 21 CFR 1010 which are applicable at date of manufacture and that a certificate in the form of a tag or label to this effect is affixed to each product.

C. That the electronic products identified above do not comply with the performance standards prescribed in Food and Drug Administration Rules 21 CFR 1010 but are being imported for the purpose of research, investigations, studies, demonstrations or training. An exception for these products has been or will be requested of the Director of the FDA Bureau of Radiological Health in accord with Section 360B (b) (42 U.S.C. 263j) of the Radiation Control for Health and Safety Act. They will not be introduced into commerce, and when their mission is completed they will be destroyed or exported under United States Customs Service supervision.

D. That the electronic products identified above do not comply with the performance standards prescribed in Food and Drug Administration Rules 21 CFR 1010 but that a timely and adequate petition for permission to bring the product into compliance with the applicable standard has been or will be filed with the Food and Drug Administration in accordance with 21 CFR 100.21. These products will remain under bond and not be introduced into commerce until notification is received from the Food and Drug Administration, that the products are in compliance with applicable standards.

Signature of Importer of Record _____

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION DECLARATION FOR PRODUCTS SUBJECT TO RADIATION CONTROL STANDARDS	Form Approved OMB No. 57-R0120 <p style="text-align: center;">INSTRUCTIONS</p> 1. Type or print with ball point pen. (<i>One form per model #</i>) 2. Complete one copy for U.S. Customs Commerce 3. Attach all completed copies to the Canada Customs Invoice
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DISTRICT / PORT DIRECTOR OF CUSTOMS

PORT OF ENTRY <i>For Customs Use Only</i>	ENTRY NO. <i>For Customs Use Only</i>	DATE <i>For Customs Use Only</i>
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PRODUCT IDENTIFICATION

NAME AND ADDRESS OF MANUFACTURER:

**MATSUI
JAPAN**

NAME AND ADDRESS OF IMPORTER OF RECORD:

ABC COMPANY
123 Main Street
New York, New York 10001

ULTIMATE CONSIGNEE *(If not Importer of Record)*

QUANTITY 1	TYPE COLOUR MONITOR	BRAND NAME PANASONIC	MODEL NO. EI-1611
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FOR X - RAY, LIST APPROPRIATE SYSTEMS OR COMPONENT CATEGORY

COMPLETE ONLY WHEN SHIPPING X -RAY EQUIPMENT

AFFIRMATION *(Check appropriate statement and sign)*

I/WE hereby declare:

A. That the electronic products identified above were manufactured prior to the date of any applicable electronic product performance standard.

Date of Manufacture: _____

B. That the electronic products identified above comply with the performance Standards prescribed in Food and Drug Administration Rules 21 CFR 1010 which are applicable at date of manufacture and that a certificate in the form of a tag or label to this effect is affixed to each product.

C. That the electronic products identified above do not comply with the performance standards prescribed in Food and Drug Administration Rules 21 CFR 1010 but are being imported for the purpose of research, investigations, studies, demonstrations or training. An exception for these products has been or will be requested of the Director of the FDA Bureau of Radiological Health in accord with Section 360B (b) (42 U.S.C. 263j) of the Radiation Control for Health and Safety Act. They will not be introduced into commerce, and when their mission is completed they will be destroyed or exported under United States Customs Service supervision.

D. That the electronic products identified above do not comply with the performance standards prescribed in Food and Drug Administration Rules 21 CFR 1010 but that a timely and adequate petition for permission to bring the product into compliance with the applicable standard has been or will be filed with the Food and Drug Administration in accordance with 21 CFR 100.21. These products will remain under bond and not be introduced into commerce until notification is received from the Food and Drug Administration, that the products are in compliance with applicable standards.

Signature of Importer of Record Robert Smith