



# Exhibition Services

a division of PF Collins Customs Broker Ltd.

**ORDER FORM**

Please complete and fax to  
**709-726-7590**

**\*\*\*IMPORTANT\*\*\***

You must complete Section 2 to ensure Canada Customs Clearance  
Please accept this form as your authority for Customs Clearance  
*If you require PF Collins' Freight Forwarding services, please complete Section 3.*

## Section 1 Exhibitor Information

Exhibition: **MATE ROV COMPETITION**

Booth No. \_\_\_\_\_

Exhibitor/Company Name: \_\_\_\_\_

U.S. Tax # or U.S. IRS Identification (U.S. FIRMS ONLY) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_

Rep at the Event: \_\_\_\_\_ Staying at (hotel): \_\_\_\_\_ Tel: \_\_\_\_\_

## Section 2 Customs Clearance Information

Do you have a Canadian Business Number?  Yes  No If Yes, please provide #: \_\_\_\_\_  
Will goods permanently remain in Canada?  Yes  No *format: 100000000RM0001*

## Section 3 Pick-up Request/Return Shipment Information

Do you require PF Collins to provide transport TO AND FROM NEWFOUNDLAND?  Yes Please complete (A)  
 No Please complete (B)

**A** Pick-up at:

Return to:

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/Prov/State/Zip: \_\_\_\_\_

City/Prov/State/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Goods Available: \_\_\_\_\_ Date Required at return destination: \_\_\_\_\_

Description of goods (please provide commercial invoice / packing list): \_\_\_\_\_

Shipment consists of (# of cartons, etc.) \_\_\_\_\_ Total Weight: \_\_\_\_\_  lbs  kgs

Dimensions of each piece: \_\_\_\_\_

**B** Do you require PFC to arrange Return shipping from Newfoundland?  Yes  No

If "Yes", please advise:

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

**Complete** Address: \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Carrier Account Number: \_\_\_\_\_

**NOTE: Exhibitor must pack own goods, label boxes with Return Address and provide Waybill for return shipping**

## Section 4 Terms of Payment and Security Deposit (MUST be completed)

Credit Card Information MUST be completed: Charge to:  Visa  MasterCard  American Express

Cardholder Name: \_\_\_\_\_ Title: \_\_\_\_\_

Card Account Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I hereby authorize the use of this credit card for payment of services relative to this order form.  
*Alternative methods of payment are BANK WIRE TRANSFER or PRE-PAYMENT ON CREDIT CARD. (RECEIPT 10 DAYS PRIOR TO EVENT)*

This document was completed by (Please PRINT name) \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

