

# Order Form

Customs and  
Transportation Services

**MENDELSSOHN**  
A LIVINGSTON Company

The original of this form must be completed to ensure Customs Clearance.  
Please accept this as your authority for Customs Clearance and / or Transportation Services.

We wish to use Mendelssohn's services for: (please check one)

Customs Clearance and Transportation  
(Shipment Order Form Required)

Customs Clearance Only

Transportation Only  
(Shipment Order Form Required)

## Section 1 Exhibitor and Shipment Information

Exhibitor / Company Name:

U.S. Tax # or U.S. IRS Identification: 10-9999999

Event Name: International Computing Event

Facility Name: Event Facility

Event Date/s: Apr 14, 99 - Apr 17, 99

Booth #: 234

Shipment Date: Apr 3, 99

From (City, State): Chicago, IL

Carrier Name: Mendelssohn

It Consists Of (# of Cartons, etc.): 11

Weight: 300  lbs  kgs

Rep At The Event: Joe Smith

Staying At (Hotel): Anywhere Place

Tel: 416-555-1234

Please do not ship via post or parcel courier – we will not be responsible for timely delivery

## Section 2 Return Shipment Consignment Information

Company Name: ABC Distributing Company

Address: 125 Elm Street

City: Chicago

Province / State: IL

Postal/Zip: 66666-6666

Name: Sandy Smith

Tel: 708-555-1212

Fax: 708-555-2222

Ship Via:

Common Carrier

Our Company Vehicle

Van Line Service

Air Freight Service

## Section 3 Terms of Payment and Security Deposit (Must be completed)

Credit Card Information must be completed

Charge to:

Visa

MasterCard

American Express

Cardholder Name: Joe Smith

Title: Accounting Manager

Card Account Number: 123456789012

Expiry Date: 12/99

Cardholder's Signature:

*Joe Smith*

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)

## Section 4 Invoicing/Statement Information

Company Name: ABC Distributing Company

Address: 125 Elm Street

City: Chicago

Province/State: IL

Postal/Zip: 66666-6666

Name: Joe Smith

Tel: 708-555-1200

Fax: 708-555-1201

This document was completed by (Please print full name): Joe Smith

Title: Accounting Manager

Date: March 14, 1999