

Exports / U.S. Trade Shows Order Form

We wish to use Livingston Event Logistics' services for: (please check one)

Customs Clearance and Transportation Customs Clearance Only
(Shipment Order Form Required)

Section 1 Exhibitor Information

Exhibitor / Company Name: J. Doe Therapy Inc.

Address: 920 Lawrence Ave W.

City: Toronto

Province: ON

Postal Code: M3C 2T9

Importer / Business #: 123456789RM0001

Company Contact: Jon Doe

Regular Livingston Client:

Yes

No

Account #:

Section 2 Show Information

Name of Event: The Therapy Show

Event Dates: May 10-15, 2002

Facility Name: Event Facility

Tel: 555-555-5555

Address: 999 Any Street

City: Any Town

State: IL

Zip: 12345

Show Decorator: The Decorating Company

Tel: 555-555-1234

IRS #: 12-3456789

Section 3 Shipping Information

Carrier Name: Livingston

Contact Name: Joe Smith

Tel: 1-800-665-4628

Shipping Date: May 7, 2002

Pieces: 4

Weight: 40

lbs

kgs

Expected Date of Return: May 20, 2002

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: Jon Doe

Title: Sales Manager

Card Account Number: 1234 5678 9012 3456

Expiry Date: 06/04

Cardholder's Signature: Jon Doe

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 5 Invoicing/Statement Information

Company Name: J. Doe Therapy Inc.

Address: 920 Lawrence Ave. W.

City: Toronto

Province/State: ON

Postal/Zip: M3C 2T9

Name: Jennifer Clark

Tel: 416-555-5555

Fax: 416-555-5556

This document was completed by (Please print full name): Jon Doe

Title: Sales Manager

Date: May 1, 2002