



# EXPOEXPRESS

ORDER FORM

TRADE SHOW	BOOTH NUMBER
EXHIBITOR NAME	

Check all that apply:       CUSTOMS CLEARANCE       FREIGHT TRANSPORTATION       ADVANCE WAREHOUSE

PICK UP ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROV \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ Expo Express Quotation # \_\_\_\_\_

PICK UP DATE \_\_\_\_\_ PCS \_\_\_\_\_ WEIGHT \_\_\_\_\_ LBS      KGS

DIMENSIONS (of all pcs) \_\_\_\_\_

INSURANCE FOR \$ \_\_\_\_\_ DELIVERY CARRIER \_\_\_\_\_

RATES FOR INSURANCE (PER DIRECTION) ARE \$3.50 / \$1000.00 MINIMUM CHARGE \$75.00, \$250.00 DEDUCTIBLE

SPECIAL HANDLING INSTRUCTIONS (lift gate, inside pick up, flat deck, etc) \_\_\_\_\_

PAYMENT OPTIONS	PAYMENT IN ADVANCE BY WIRE TRANSFER	
	PAYMENT IN ADVANCE BY CREDIT CARD (VISA, M/C, AMEX ACCEPTED)	
CARD HOLDER		
CARD NUMBER	EXPIRY DATE	
CARD HOLDER SIGNATURE	SECURITY CODE	
INVOICE ADDRESS		
CITY	STATE/PROV	TELEPHONE
ATTENTION	POSTAL/ZIP	EMAIL
I/WE HERBY AUTHORIZE EXPO EXPRESS GLOBAL EVENT LOGISTICS. AND THEIR AGENT TO ACT ON OUR BEHALF REGARDING CUSTOMS CLEARANCE, FREIGHT FORWARDING, ADVANCE RECEIVING FOR THE ABOVE MENTIONED TRADE SHOW, AND AGREE TO PAYMENT OF EXPO EXPRESS GLOBAL EVENT LOGISTICS' CHARGES AS PER THE TARIFF SET OUT IN THESE SHIPPING INSTRUCTIONS. WE AGREE THAT OVERDUE INVOICES ARE SUBJECT TO 2% INTEREST		

**RETURN SHIPMENT:**      CARRIER TO BE USED IF NOT EXPO EXPRESS \_\_\_\_\_

Check all that apply:       CUSTOMS CLEARANCE       FREIGHT TRANSPORTATION

RETURN TO PICK-UP ADDRESS  OR  OTHER ADDRESS

PCS \_\_\_\_\_

WEIGHT \_\_\_\_\_ LBS      KGS

REQUIRED DATE: \_\_\_\_\_

IF RETURNING TO USA,  
WE **NEED** YOUR IRS  
BUSINESS TAX ID#: \_\_\_\_\_

To be completed on show site with Expo Express staff member: I am confirming that the above outbound instructions are accurate. Any changes have been noted.		
Print Name _____	Signature _____	Expo Express Initials _____





# EXPOEXPRESS

PROTECTED (When Completed)

## CERTIFICATE OF ORIGIN

<b>1</b> Exporter's Name and Address:	<b>2</b> Blanket Period:  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>DD - MM - YY</span> <span>To: <span style="border: 1px solid black; padding: 2px 10px;"> </span></span> </div>			
<b>3</b> Producer's Name and Address:  AVAILABLE UPON REQUEST	<b>4</b> Importer's Name and Address:			
<b>5</b> Description of Good(s)	<b>6</b> HS tariff Classification number	<b>7</b> Preference Criterion	<b>8</b> Producer	<b>9</b> Country of Origin

<b>10</b> I certify that the goods described in this document qualify as originating and the information contained in this document is true and accurate. I assume responsibility for proving such representations and agree to maintain and present upon request or to make available during a verification visit, documentation necessary to support this certification. This certification consists of ___ page(s), including all attachments.		
Authorized Signature:	Company:	
Certifier:	Title:	
Date: DD-MM-YY	Telephone:	Email:
Address:		