

Order Form

Customs and
Transportation Services



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 Livingston Event Logistics 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: ABC Distributing Company
U.S. Tax # or U.S. IRS Identification: 10-9999999
Event Name: International Computing Event
Facility Name: Event Facility Event Date/s: Apr 14/07 - Apr 17/07 Booth #: 234
Shipment Date: Apr 3/07 From (City, State): Chicago, IL Carrier Name: Livingston Event Logistics
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: 12/09

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, 2007