



MMTS 2024

Palais des Congres de Montreal
June 18 - 20, 2024

Appointed by:
mmmts
MONTREAL MANUFACTURING
TECHNOLOGY SHOW

Customs Clearance & Transportation Services

Cross Connect Customs and Events Logistics Inc. ("Cross Connect") has been appointed by SME as the Official Customs Broker & Transportation Provider for all shipments originating outside of Canada. Please read these instructions in conjunction with the exhibitor's manual provided by the Show Organizer.

These instructions will assist you in preparing for the correct, and timely, dispatch of your shipments; both to and from the event. Cross Connect is pleased to offer a complete logistics package that includes transportation/freight forwarding, customs clearance, delivery, and re-exportation services.

Cross Connect will provide the following services:

- On-site service from the first move-in day to the last day of move-out
- Transportation / Freight Forwarding and Advance Warehousing
- Post all securities and bonds with Canadian Border Services Agency
- Prepare the proper Customs entries to account for any sales you may make & remit the payments to Customs
- Prepare return export documents, bills of lading, shipping labels, and provide U.S. Customs Clearance, when required.

For more information, please contact:

Pat D'Alessandro

Phone: 416-726-7229
E-mail: info@crossconnectcl.com

Danny Mekhuri

Phone: 416-704-1956
E-mail: info@crossconnectcl.com

Sunny Salas

Phone: **416-676-1124**
E-mail: info@crossconnectcl.com

Zaza Vili

Phone: 416-998-9398
E-mail: info@crossconnectcl.com



MMTS 2024 has been granted “official recognition status” by Canada Border Services Agency (Canada Customs) allowing certain privileges for event materials entering Canada. Using the official Customs Broker will eliminate the possibility of materials being held at the border by Canada Customs due to improper or insufficient documentation. We will assist all Exhibitors with their temporary imports, permanent entries, export of exhibit materials, and ensure that all qualifying “official recognition status” privileges are applied.

PLEASE NOTE: Failure to comply with the deadlines, consignee, and document instructions, will cause unnecessary delays and may lead to additional charges. For this reason, if you will be using a Freight Forwarder or Customs Broker, other than Cross Connect, please be sure to pass these instructions on to them. Exhibitors using their own Customs Broker will have to arrange their own bond or cash deposit with Canada Customs at the point of entry into Canada.

Consignment Instructions

ADVANCE WAREHOUSE:

The warehouse will start receiving freight 30 days prior to the event from 9am to 3pm, Monday to Friday.

Advance warehouse services include delivery to show site only. MATERIAL HANDLING SERVICES AND CHARGES ARE NOT INCLUDED.

Advance warehouse services are not provided at the conclusion of the event. Your carrier MUST pick up your materials directly from show site during the scheduled move-out time.

Price: \$45.00 PER 100 LBS (400 LBS MINIMUM CHARGE)*

*This price is per shipment/waybill delivery.

For delivery to the Advance Warehouse, consign your shipment to:

**Exhibitor Name, Booth #
c/o MMTS 2024
ABF FREIGHT
555 AUTOROUTE 13
LAVAL, QC H7W 5N4**

DIRECT TO SHOW SITE:

Shipments delivered direct to show site will only be accepted during scheduled move-in dates and times. Shipments arriving early or late will not be accepted.

For delivery Direct to Show Site, consign your shipment to:

**Exhibitor Name, Booth #
c/o MMTS 2024
Palais des Congres de Montreal
Loading Dock
163, Saint-Antoine Street West
Montreal, QC - H2Z-1X8**

Form Checklist

- Customs & Transportation Services Order Form (Mandatory)**
 - Please ensure that all fields, including credit card information and client signature (at bottom of form), are completed.
 - Note: IRS# (U.S. Tax ID, or E.I.N.) is required if goods will be returning to the USA.
 - Example and form for completion are included in this kit.

- Commercial Invoice / Packing List (Mandatory)**
 - Complete all required information per example provided.
 - All invoices **MUST** include quantity, detailed descriptions (using general terms), countries of origin (manufacture – not purchase), and values for all items in the shipment.
 - For shipments that include electronics, please also provide the brand name and model # for each item in the description.
 - Example and form for completion are included in this kit.

- Additional Forms (May be required)**
 - Additional information may be required if you are shipping goods that are regulated by the Government of Canada and/or by the U.S. Government (e.g. food, medical devices, cosmetics, electronics, etc.).
 - Be sure to e-mail your documents to Cross Connect prior to shipping, so that we can advise you if any additional information is required.

****NOTE:** All forms must be completed and returned to Cross Connect for review, prior to shipping. Failure to do so could result in additional fees and/or your shipment being refused clearance/entry into Canada.

Shipping Checklist

****PRIVATE VEHICLE SHIPMENTS / DRIVING ACROSS THE BORDER:**

If you intend to bring your goods across the border in a private vehicle (personal, company, or rental), there are documents that must accompany the individual carrying the materials. Please contact Cross Connect at least 1 week in advance of your expected crossing.

- Complete required forms below & send them to Cross Connect via e-mail.
- Schedule your pick-up (if not arranging transportation through Cross Connect).
 - We strongly suggest that exhibitors **DO NOT** ship by parcel courier, or by mail. Please contact Cross Connect for advice on how best to handle these types of shipments.
 - Goods being shipped need to abide by the following timelines:
 - o **TRUCK / COMMON CARRIER:** scheduled to arrive 1 week prior to show opening
 - o **AIRFREIGHT:** scheduled to arrive 3 days (minimum) prior to show opening
 - o **VAN LINE:** Shipments may be sent direct to show site and should be scheduled for delivery on the appropriate move-in day.
 - All shipments **MUST BE SENT PREPAID**. Cross Connect will not accept any collect freight charges. Shipments sent collect will be refused.
- Label your freight.
 - All pieces must be labeled clearly; showing the Exhibitor Name & Booth # c/o Show Name and the address where the freight is going, piece # and total # of pieces (e.g. piece 1 of 3), emergency contact information, and "**NOTIFY CROSS CONNECT FOR CUSTOMS CLEARANCE**".
 - For freight on skids/pallets, if possible, we recommend that a label be placed on each individual carton, case, etc. and that any large pieces have labels placed on multiple sides.
 - Ensure that any previous shipping labels (used for past shipments) have been removed / destroyed.
- Ship your goods, ensuring that the appropriate documents have been provided to the carrier.
 - The Bill of Lading or Air Waybill, all Customs documents, and labels must be marked "**NOTIFY CROSS CONNECT FOR CUSTOMS CLEARANCE**".
 - A copy of the Commercial Invoice must be attached to the Bill of Lading or Air Waybill.
- On show site:
 - The show site has been declared a bonded area for the entire event. Under **NO** circumstances are any goods to be removed without prior consent of Cross Connect.
 - Cross Connect can provide the following services:
 - o Return of goods to your stated destination
 - o Supply required shipping documents, export documents, and labels
 - o Arrange Customs clearance of any goods remaining in Canada; applicable duties and taxes must be paid prior to removal from the show site.
 - o Arrange transfer of goods to be displayed at another event in Canada
 - **NOTE:** Cross Connect is not responsible for lost, stolen, or damaged freight. All goods should be insured for the entire duration of the event; prior to, during, and after. Please contact Cross Connect for more information on cargo insurance.

Customs & Transportation Services Order Form



CROSSCONNECT

CUSTOMS & EVENT LOGISTICS

Tel: 416-639-2176

E-mail: info@crossconnectcl.com

Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 5225 Orbitor Drive, Unit 12, Mississauga, ON L4W 4Y8; business number 709076475RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Trading Conditions applicable to Customs Services of Cross Connect Customs and Event Logistics Inc., attached hereto. Such business may include, but is not limited to:

- The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released; and
- The transportation, warehousing, and distribution of such goods.

In signing this form, I grant Cross Connect, full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted

Services Required (please check all that apply):

Transportation Customs Clearance Advance Warehouse

Event & Exhibitor

Shipment Delivering to (please check one): Direct to Event/Show Site Advance Warehouse

Exhibitor Name: ABC COMPANY Booth #: 1001

Event Name: NAME OF THE SHOW / EVENT YOU ARE ATTENDING Event Dates: 05-Jul-21 to 07-Jul-21

Facility/Venue Name: NAME OF CONVENTION CENTRE / HOTEL / VENUE WHERE THE EVENT IS BEING HELD

Facility/Venue Address: ADDRESS OF THE CONVENTION CENTRE / HOTEL / VENUE WHERE THE EVENT IS BEING HELD

City: TORONTO State/Province: ON Zip/Postal Code: MOX X0X

On-site Contact: JOHN SMITH Cell #: 555-555-0000

E-mail: JSMITH@DOMAIN.COM Importer # (if applicable): 123456789RM0001

Shipper

Company Name: ABC COMPANY IRS #: 12-3456789

Address: 123 SOMEPLACE AVENUE, SUITE 3

City: NEW YORK State/Province: NY Zip/Postal Code: 10093

Contact Name: JOHN SMITH Tel: 555-555-0000

E-mail: JSMITH@DOMAIN.COM

Return Freight

Same as Shipper No Return Shipment

Company Name: ABC COMPANY IRS / Importer #: 12-3456789

Address: 123 SOMEPLACE AVENUE, SUITE 3

City: NEW YORK State/Province: NY Zip/Postal Code: 10093

Contact Name: JOHN SMITH Tel: 555-555-0000

E-mail: JSMITH@DOMAIN.COM

Billing

Same as Shipper

Company Name: ABC COMPANY GST/HST# (if applicable): 123456789RM0001

Address: 123 SOMEPLACE AVENUE, SUITE 3

City: NEW YORK State/Province: NY Zip/Postal Code: 10093

Contact Name: JANE DOE, ACCOUNTS PAYABLE Tel: 555-555-0001

E-mail: JDOE@DOMAIN.COM

MUST BE COMPLETED

Payment

Charge to: Visa MasterCard American Express

Cardholder Name: JOHN SMITH CVV Number: 123

Credit Card Number: 1234 5678 9123 4567 Expiry Date: 11/24

I authorize use of this card for payment of services relative to this form. I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD).

Cardholder Signature: *John Smith* Date: 10-Jun-21

# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height			Per Piece	Total
					@ Dimensions (Inches) Each	@ Weight (lbs) Each		
2	SKIDS	48	48	48	@ Dimensions (Inches) Each	@ Weight (lbs) Each	400	800
1	CRATE	41	52	50	@ Dimensions (Inches) Each	@ Weight (lbs) Each	1,000	1,000
					@ Dimensions (Inches) Each	@ Weight (lbs) Each		
					@ Dimensions (Inches) Each	@ Weight (lbs) Each		
3					@ Dimensions (Inches) Each	@ Weight (lbs) Each		1,800

Shipment / Freight

Requested Service Level: Air 2nd Day Truck Other: _____

Additional Services Required: Lift Gate Inside Pick-up Inside Delivery Weekend Pick-up Weekend Delivery

Total Shipment Value: \$ 10,000.00 Carrier Name & Contact Info: IF USING CARRIER OTHER THAN CROSS CONNECT, PROVIDE INFO.

Available for Pick-up Date: 15-Jun-21 Shipper Hours of Operation: 8:00 am to 4:00 pm Must Deliver By: 30-Jun-21 @ 4:00 pm

Cargo Insurance / Declared Value

This shipment is subject to basic liability of the carrier or other vendors engaged, which is limited by default under applicable contract and/or law. No greater value for liability will be declared with any vendor absent written instruction by the client and written confirmation by Cross Connect. Rather than attempt to recover under liability terms, Cross Connect offers the client the opportunity to include shipments under a first party cargo insurance program which will provide protections pursuant to policy terms and conditions; a copy of the insurance policy will be provided upon request. Please contact Cross Connect for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from Cross Connect.

Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent. Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Customs_STC.pdf. Cross Connect performs its transportation services in the role of agent pursuant to its "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under Cross Connect's "Trading Conditions Applicable to Customs Services" and "Standard Trading Conditions", the liability of Cross Connect - however founded - for any and all services performed is agreed to hereby be limited to CAD 1000 (One Thousand Canadian Dollars) per transaction or occurrence, whichever is least, and in no event shall Cross Connect be liable for any indirect or consequential damages including but not limited to any loss of profit.

The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws.

Client Signature

I have read and agree to the terms of this contract.

Signature: *John Smith*

Date: 10-Jun-21

Printed Name: JOHN SMITH

Title: CEO

Cross Connect Internal Use Only

Accepted by:

Date:

Signature:

Customs & Transportation Services Order Form



Please accept this as authority for Cross Connect Customs and Event Logistics Inc. ("Cross Connect"), located at 5225 Orbitor Drive, Unit 12, Mississauga, ON L4W 4Y8; business number 709076475RM0001, a Customs Broker licensed under the Customs Act, to act as my true and lawful attorney to transact on my behalf all matters relating to the import and export of goods, as outlined in Trading Conditions applicable to Customs Services of Cross Connect Customs and Event Logistics Inc., attached hereto. Such business may include, but is not limited to:

1. The release of and accounting for goods, document and data preparation, payment of, and refund, of all government duties, taxes, and levies in respect of imported and exported goods released or to be released; and
2. The transportation, warehousing, and distribution of such goods.

In signing this form, I grant Cross Connect, full power and authority to appoint a sub-agent, where required.

This authority is granted for all shipments in relation to this event and/or shipment(s) detailed below, unless otherwise indicated by marking the "Continuous Authority" box, below.

Continuous Authority granted

CROSSCONNECT
CUSTOMS & EVENT LOGISTICS
 Tel: 416-639-2176
 E-mail: info@crossconnectcl.com

Services Required (please check all that apply):

Transportation Customs Clearance Advance Warehouse

Event & Exhibitor	Shipment Delivering to (please check one):	<input type="checkbox"/> Direct to Event/Show Site	<input type="checkbox"/> Advance Warehouse
	Exhibitor Name:	Booth #:	
	Event Name:	Event Dates: dd-mmm-yy to dd-mmm-yy	
	Facility/Venue Name:		
	Facility/Venue Address:		
	City:	State/Province:	Zip/Postal Code:
	On-site Contact:	Cell #:	
E-mail:	Importer # (if applicable):		

Shipper	Company Name:	IRS #:	
	Address:		
	City:	State/Province:	Zip/Postal Code:
	Contact Name:	Tel:	
	E-mail:		

Return Freight	<input type="checkbox"/> Same as Shipper <input type="checkbox"/> No Return Shipment		
	Company Name:	IRS / Importer #:	
	Address:		
	City:	State/Province:	Zip/Postal Code:
	Contact Name:	Tel:	
E-mail:			

Billing	<input type="checkbox"/> Same as Shipper		
	Company Name (Legal):	GST/HST# (if applicable):	
	Address:		
	City:	State/Province:	Zip/Postal Code:
	Contact Name:	Tel:	
E-mail:			

MUST BE COMPLETED

Payment	Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
	Cardholder Name:	CVV Number:		
	Credit Card Number:	Expiry Date: mm/yy		
	I authorize use of this card for payment of services relative to this form. I acknowledge that declined credit cards are subject to a 30% surcharge (minimum \$50.00 USD).			
	Cardholder Signature:	Date: dd-mmm-yy		

Shipment / Freight	# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	Per Piece	Total	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	
			@ Dimensions (Inches) Each				@ Weight (lbs) Each	

Shipment / Freight	Requested Service Level:	<input type="checkbox"/> Air	<input type="checkbox"/> 2 nd Day	<input type="checkbox"/> Truck	<input type="checkbox"/> Other: _____
	Additional Services Required:	<input type="checkbox"/> Lift Gate	<input type="checkbox"/> Inside Pick-up	<input type="checkbox"/> Inside Delivery	<input type="checkbox"/> Weekend Pick-up <input type="checkbox"/> Weekend Delivery
	Total Shipment Value:	Carrier Name & Contact Info:			
Available for Pick-up Date: dd-mmm-yy	Shipper Hours of Operation: h:mm tt to h:mm tt		Must Deliver By: dd-mmm-yy @ h:mm tt		

Cargo Insurance / Declared Value

This shipment is subject to basic liability of the carrier or other vendors engaged, which is limited by default under applicable contract and/or law. No greater value for liability will be declared with any vendor absent written instruction by the client and written confirmation by Cross Connect. Rather than attempt to recover under liability terms, Cross Connect offers the client the opportunity to include shipments under a first party cargo insurance program which will provide protections pursuant to policy terms and conditions; a copy of the insurance policy will be provided upon request. Please contact Cross Connect for more information on cargo insurance. Shipments will not be insured absent written request and written confirmation from Cross Connect.

Terms & Conditions

This order is placed with the specific understanding that we are engaging Cross Connect as our agent. Cross Connect performs customs services pursuant to its "Trading Conditions Applicable to Customs Services" as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Customs_STC.pdf. Cross Connect performs its transportation services in the role of agent pursuant to its "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The foregoing terms, respectively, limit the liability of Cross Connect and provide for time limits for making claims and filing suits. Notwithstanding any greater liability under Cross Connect's "Trading Conditions Applicable to Customs Services" and "Standard Trading Conditions", the liability of Cross Connect - however founded - for any and all services performed is agreed to hereby be limited to CAD 1000 (One Thousand Canadian Dollars) per transaction or occurrence, whichever is least, and in no event shall Cross Connect be liable for any indirect or consequential damages including but not limited to any loss of profit.

The undersigned warrants that all hazardous materials have been declared, and that the client shall abide by all Federal, Provincial, State and Local laws.

Client Signature (wet ink signature required - digital signature NOT allowed)

I have read and agree to the terms of this contract.

Signature: _____ Date: dd-mmm-yy
 Printed Name: _____ Title: _____

Cross Connect Internal Use Only

Accepted by: _____
 Date: _____
 Signature: _____



FOR CUSTOMS CLEARANCE BY:
Cross Connect Customs And Event Logistics Inc.
CARRIER ONLY PARS E-mail: pars@crossconnectcl.com **COMMERCIAL INVOICE / PACKING LIST**

Shipper:
ABC COMPANY
123 SOMEPLACE AVENUE, SUITE 3
NEW YORK, NY
10093

Consignee (Ship To):
ABC COMPANY, BOOTH # 1001
C/O NAME OF SHOW/EVENT
VENUE NAME
VENUE ADDRESS

Importer/Owner of Goods: Same as Shipper
ABC COMPANY
123 SOMEPLACE AVENUE, SUITE 3
NEW YORK, NY
10093

Shipped Via: TRANSPORTATION COMPANY NAME
Shipped To: Adv. Whse Show Site
IRS #: 12-3456789
Pieces: 3
Weight: 1,800 kg lbs
Currency: USD
Ship Date: 06/15/2021
(mm/dd/yyyy)

JOHN SMITH - 555-555-0000
ONSITE CONTACT NAME & CELL
PHONE #

Does this company have a Canadian Office? No

***IMPORTANT:**
MUST be completed in full.

# of Pieces	Type of Pieces	Qty	Description of Contents <small>Please include Brand Name & Model # for all electronic equipment.</small>	Origin	Dimensions (Inches)			CBM	HTS	Remarks*			Value	
					L	W	H			A TEMP	B PERM	C PROMO	Unit Value	Total Value
1	SKID	1	DISPLAY BOOTH	USA	48	48	48	1.81	9403.20	X			5,250.00	5,250.00
1	CRATE	2	50" LED TV'S - LG MODEL# 55EG9100	CHINA	41	52	50	1.75	8528.72	X			700.00	1,400.00
1	SKID	2	WEIGHTED METAL TV STANDS	JAPAN	48	48	48	1.81	9403.20	X			500.00	1,000.00
		5000	ADVERTISING LITERATURE	USA	48	48	48		4911.10		X		0.15	750.00
		1000	BALL POINT PENS	CHINA					9608.10		X		0.35	350.00
		400	CATALOGS	USA					4911.10		X		3.00	1,200.00
		2	POSTERS	USA					4911.91		X		25.00	50.00

***Each commodity MUST be listed on its own line; DO NOT group items.**

***Specific descriptions required; Vague descriptions such as "Give Aways", "Display Materials", or "Trade Show Samples" will NOT be accepted.**

***Electronic equipment MUST include Brand Name & Model #.**

***Indicate the Country of Manufacture (where the goods are made); NOT the country of purchase.**

***Values need to reflect the cost of goods (price paid), or the selling price of the goods (price payable); whichever is greater.**

***\$0 values will NOT be accepted.**

**FOB VALUE:	10,000.00
INSURANCE:	
FREIGHT CHARGE:	
**TOTAL CIF VALUE:	10,000.00

**FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

**CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

The shipper hereby authorizes Cross Connect Customs and Event Logistics, inc. ("Cross Connect"), and their agents, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the Cross Connect's "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The values listed on this document represent fair-market value, and proof of valuation can and will be provided upon request.

TEMPORARY IMPORT VALUE: 7,650.00
PERMANENT IMPORT VALUE: 2,350.00

Signature: John Smith Date: 06/10/2021

FOR CUSTOMS CLEARANCE BY:
Cross Connect Customs And Event Logistics Inc.

CARRIER ONLY PARS E-mail: pars@crossconnectcl.com

COMMERCIAL INVOICE / PACKING LIST



NOTE: Only pdf/tif attachments and not the email itself are received. Ensure that all PARS information and any special instructions are included within pdf/tif attachment. HOURS: Mon-Fri 9 am - 5 pm *E-mails are monitored outside of regular business hours, but response may be delayed. Please ensure that ETA's are accurate.

Shipper:		Consignee (Ship To):		Importer/Owner of Goods: <input type="checkbox"/> Same as Shipper		Shipped Via: Shipped To: IRS #: Pieces: Weight: Currency: Ship Date:		*REMARKS ("X" each item) *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD					
						<input type="checkbox"/> Adv. Whse <input type="checkbox"/> Show Site							
						Does this company have a Canadian Office? (mm/dd/yyyy)							
# of Pieces	Type of Pieces	Qty	Description of Contents <small>Please include Brand Name & Model # for all electronic equipment.</small>	Origin	Weight in lbs (lbs/kg)	Dimensions (inches)			HTS	CBM	Remarks* A TEMP B PERM C PROMO	Value	
						L	W	H				Unit Value	Total Value

**FOB (Free On Board) VALUE: indicates the cost of goods, including all transportation and insurance costs up to the port of departure; the "Price Paid"

**CIF (Cost, Insurance, and Freight) VALUE: indicates the value of the goods including freight and insurance from the port of departure; FOB Value + Insurance + Freight

**FOB VALUE:
INSURANCE:
FREIGHT CHARGE:
**TOTAL CIF VALUE:

The shipper hereby authorizes Cross Connect Customs and Event Logistics, inc. ("Cross Connect"), and their agents, in his name and behalf, to prepare any export documentation, to sign and accept any documents relating to said shipment and forward this shipment in accordance with the Cross Connect's "Standard Trading Conditions", as published online at https://crossconnectcl.com/wp-content/uploads/2021/06/Transportation_STC.pdf. The values listed on this document represent fair-market value, and proof of valuation can and will be provided upon request.

TEMPORARY IMPORT VALUE:
 PERMANENT IMPORT VALUE:

Signature: _____ Date: _____ (mm/dd/yyyy) 12/22