



DAVIDSON & SONS

CUSTOMS BROKERS LTD

EVENT LOGISTICS SERVICES

www.davidsonandsons.com



OFFICIAL SUPPLIER



DAVIDSON & SONS
CUSTOMS BROKERS LTD
EVENT LOGISTICS SERVICES

SHIPPING & CUSTOMS BROKERAGE SERVICES

for·ti·fy
conference 2018

November 7, 2018



The **Business Alliance for Artisan Fermenters and Distillers (BAAFD)** has appointed **DAVIDSON & SONS (D&S) EVENT LOGISTICS** as the **OFFICIAL TRANSPORT CARRIER** and **CUSTOMS BROKER** for the **Fortify Conference 2018** taking place at the **Penticton Lakeside Resort and Conference Centre** over the dates of **November 7, 2018**. The D&S Event Logistics team will be pleased to assist you with your round-trip shipping and/or customs brokerage requirements.

The conference has been officially registered with the **Canada Border Services Agency (CBSA) International Events & Convention Services Program (IECSP)** so special duty & tax-free importation privileges and the unique “**Border-to-Show**” service have been granted for the show. **D&S is the authorized customs broker** to customs clear all exhibit and display materials into Canada inside the exhibit hall at the conference centre.

For exhibitors arriving by plane or driving their own private vehicle with exhibit materials to Penticton, please notify D&S a minimum of 2 weeks prior to your arrival so the necessary documentation can be prepared for your arrival.

To allow ample time to meet your **shipping** transit time **requirements** it is recommended to **contact D&S no later than October 19th**.

For your convenience please refer to this manual for the required forms, and for personalized service please contact:

D&S Event Logistics Division

Direct Telephone: 604-681-5132
Fax: 604-681-2601
E-mail: events@davidsonandsons.com



Customs & Transportation Services Order Form

Please accept this as authority for Davidson and Sons Customs Brokers LTD., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, 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 Davidson and Sons Customs Brokers LTD., Standard Trading Conditions, including but 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 Davidson and Sons Customs Brokers LTD., 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

Show/Event Name: NAME OF THE EVENT/ SHOW YOU ARE ATTENDING		Show/Event Dates: DATES THE SHOW/EVENT IS BEING HELD	
Services Required (please check one):			
<input checked="" type="checkbox"/> Customs Clearance and Transportation		<input type="checkbox"/> Customs Clearance Only	
<input type="checkbox"/> Transportation Only		<input type="checkbox"/> Advance Warehouse	

Shipper Info.	Company Name: ABC COMPANY		
	IRS #: 12-3456789		
	Address: 123 SOMEPLACE AVENUE SUITE 123		
	City: NEW YORK	State/Prov: NY	Zip/Post: 10000
	Contact Name: JOHN SMITH		Tel: 555-555-1234
E-mail: JSMITH@ABCCOMPANY.COM		Fax: 555-555-4321	

Return Freight Info.	<input checked="" type="checkbox"/> Same as Shipper		
	Company Name: ABC COMPANY		
	IRS #: 12-3456789		
	Address: 123 SOMEPLACE AVENUE SUITE 123		
	City: NEW YORK	State/Prov: NY	Zip/Post: 10000
Contact Name: JOHN SMITH		Tel: 555-555-1234	
E-Mail: JSMITH@ABCCOMPANY.COM		Fax: 555-555-4321	

Delivery Info.	Company Name: ABC COMPANY		Booth #: 100
	Facility Name: SHOW/EVENT VENUE NAME		
	Address: VENUE ADDRESS		
	City: VANCOUVER	State/Prov: BC	Zip/Post: V0C 0X0
	On-site Contact: JANE DOE		Cell: 555-555-9999
E-mail: JDOE@ABCCOMPANY.COM			

Billing Info.	<input checked="" type="checkbox"/> Same as Shipper		
	Company Name: ABC COMPANY		
	Importer # (if applicable):		
	Address: 123 SOMEPLACE AVENUE SUITE 123		
	City: NEW YORK	State/Prov: NY	Zip/Post: 10000
Contact Name: JOHN SMITH		Tel: 555-555-1234	
E-mail: JSMITH@ABCCOMPANY.COM		Fax: 555-555-4321	

Terms of Payment and Security Deposit – MUST BE COMPLETED			
Payment Info.	Charge to: <input type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
	Cardholder Name: JOHN SMITH		
	Credit Card Number: 1234 5678 9123 4567		
	Title: CFO		
	Expiry Date: 01/19 CVC: 123		
	I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00).		
Cardholder Signature: <i>John Smith</i>		Date: DD/MM/YYYY	

Shipment Info.	Carrier Name (if not using DS): NAME OF TRANSPORTATION COMPANY				Carrier Contact Name: TRANSPORTATION COMPANY CONTACT PERSON				
	Carrier Contact Tel: TRANSPORTATION COMPANY PHONE #				Carrier Contact E-mail: TRANSPORTATION COMPANY E-MAIL ADDRESS				
	Pick-up Date: DATE TRANSPORTATION COMPANY WILL PICK - UP FREIGHT				Hours of Operation: HOURS THAT YOUR COMPANY IS OPEN FOR PICK-UP				
	Delivery Date: DATE THAT THE FREIGHT NEEDS TO BE DELIVERED				Delivery Time/Window: MUST BE DELIVERED BETWEEN.. (TIMES)				
	# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	@ Weight (lbs) Each	Per Piece	Total	
	2	BOXES	@ Dimensions (Inches) Each	23	23	48	@ Weight (lbs) Each	56	112
	1	SKID	@ Dimensions (Inches) Each	48	48	48	@ Weight (lbs) Each	400	400
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
			@ Dimensions (Inches) Each				@ Weight (lbs) Each		
3	Total						Total Weight:	512	
Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2 nd Day <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other: _____									
Additional Services Required: <input checked="" type="checkbox"/> Lift Gate <input type="checkbox"/> Inside Pick Up/Delivery <input type="checkbox"/> Weekend Pick Up/Delivery									

Cargo Insurance / Declared Value	
This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than \$50.00 per shipment UNLESS additional Cargo Insurance has been arranged with Davidson and Sons LTD. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson and Sons LTD. for more information on Cargo Insurance.	

Terms & Conditions	
This order is placed with the specific understanding that we hereby release Davidson and Sons LTD. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) Davidson and Sons LTD. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Davidson and Sons LTD. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) Davidson and Sons LTD. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) Davidson and Sons LTD. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws.	

Client Signature	
I have read and agree to the terms of this contract.	
Signature: <i>John Smith</i>	
Name: JOHN SMITH	
Title: CFO	
Date: MM/DD/YYYY	

Accepted by Davidson & Sons Customs Brokers LTD.	
Signature: _____	
Name: _____	
Title: _____	
Date: _____	



Customs & Transportation Services Order Form

Please accept this as authority for Davidson and Sons Customs Brokers LTD., located at #1220 - 1188 W. Georgia Street, Vancouver, BC V6E 4A2; business number 101291300RM0001, 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 Davidson and Sons Customs Brokers LTD., Standard Trading Conditions, including but 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 Davidson and Sons Customs Brokers LTD., 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

Show/Event Name:		Show/Event Dates:	
Services Required (please check one):			
Customs Clearance and Transportation		Customs Clearance Only	Transportation Only
			Advance Warehouse

Shipper Info.	Company Name:		
	IRS #:		
	Address:		
	City:	State/Prov:	Zip/Post:
	Contact Name:		Tel:
	E-mail:		Fax:

Delivery Info.	Company Name:		Booth #:
	Facility Name:		
	Address:		
	City:	State/Prov:	Zip/Post:
	On-site Contact:		Cell:
	E-mail:		

Return Freight Info.	<input type="checkbox"/> Same as Shipper		
	Company Name:		
	IRS #:		
	Address:		
	City:	State/Prov:	Zip/Post:
	Contact Name:		Tel:
E-Mail:		Fax:	

Billing Info.	<input type="checkbox"/> Same as Shipper		
	Company Name:		
	Importer # (if applicable):		
	Address:		
	City:	State/Prov:	Zip/Post:
	Contact Name:		Tel:
E-mail:		Fax:	

Payment Info.	Terms of Payment and Security Deposit – MUST BE COMPLETED		
	Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
	Cardholder Name:		Title:
	Credit Card Number:		Expiry Date: CVC:
	I hereby authorize use of this card for payment of services relative to this form. I understand that declined credit cards are subject to a 30% surcharge (minimum \$50.00).		
	Cardholder Signature:		Date:

Shipment Info.	Carrier Name (if not using DS):				Carrier Contact Name:				
	Carrier Contact Tel:				Carrier Contact E-mail:				
	Pick-up Date:				Hours of Operation:				
	Delivery Date:				Delivery Time/Window:				
	# 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		
	Total							Total Weight:	
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/Delivery <input type="checkbox"/> Weekend Pick Up/Delivery									
Cargo Insurance / Declared Value									
This shipment is covered under basic carrier liability, direct with the carrier. Maximum liability (declared value for carriage of this shipment) is agreed to and understood to be \$0.50 per pound multiplied by the number of pounds for that part of the shipment lost or damaged, but not less than \$50.00 per shipment UNLESS additional Cargo Insurance has been arranged with Davidson and Sons LTD. Subject to the terms and conditions of liability for loss/damage, stated below. Please contact Davidson and Sons LTD. for more information on Cargo Insurance.									

Terms & Conditions
This order is placed with the specific understanding that we hereby release Davidson and Sons LTD. and/or agents from all liability for loss, damage and/or theft to our merchandise and property, no matter how caused, and we have insured all such properties being handled; 1) Davidson and Sons LTD. shall not be responsible for damage to uncrated materials, improperly packaged goods or concealed damage. 2) Davidson and Sons LTD. will not be responsible for any loss/damage/delay due to fire, acts of god, strikes, lock outs of any kind beyond its control. 3) Davidson and Sons LTD. liability is outlined in the above Cargo Insurance / Declared Value section. We are self-insured, or have made other appropriate insurance arrangements and paid applicable charges. 4) Davidson and Sons LTD. shall not be liable to any extent whatsoever for the actual, potential or assumed losses or profits or revenues, or for any collateral costs which may result from any loss or damage to materials. 5) All hazardous materials have been declared, and we abide by all Federal, Provincial, State and Local laws.

Client Signature
I have read and agree to the terms of this contract.
Signature:
Name:
Title:
Date:

Accepted by Davidson & Sons Customs Brokers LTD.
Signature:
Name:
Title:
Date:



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

1. Shipper / Vendor (name and address) - Vendeur (nom et adresse) ABC Distributing Company 125 Elm Street New York, NY 66666-6666		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada 9/3/2018		
		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur) 10-9999999		
4. Receiver / Consignee (name and address) - Destinataire (nom et adresse) ABC Distributing Company / Booth # 234 International Computing Event c/o Event Facility 100 Anywhere Street VANCOUVER, BC V7W 2P6		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire) No sale involved		
		6. Country of transshipment - Pays de transbordement N/A		
		7. Country of origin of goods Pays d'origine des marchandises Various - See Below		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.
8. Transportation: Give carrier, mode, and tracking information for shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada **Example** Carrier: Davidson & Sons / LTL Ground Freight / Bill of Lading # ABC12345 or Carrier: FedEx / Int'l. Priority / Tracking # 4259 6986 2257		9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.) No sale involved		
		10. Currency of settlement - Devises du paiement USD		
11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	Selling price - Prix de vente	
			14. Unit price Prix unitaire	15. Total
2 pcs	Wooden Crates - Display Booth (backwalls, lights, graphics, carpets) - USA	1	\$5,000.00	\$5,000.00
2 pcs	Cartons - Advertising Brochures / Catalogs / Technical Literature - USA	1000	\$0.10	\$100.00
1 pc	Carton - Plastic Key Chains - CHINA	50	\$0.50	\$25.00
1 pc	Carton - Books - USA	50	\$1.00	\$50.00
3 pcs	Cases - Computers - CHINA	3	\$1,000.00	\$3,000.00
2 pcs	Cases - Computer Monitors - JAPAN	2	\$500.00	\$1,000.00
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale <input type="checkbox"/>		16. Total weight - Poids total Net N/A		17. Invoice total Total de la facture \$9,175.00
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse) ABC Distributing Company 125 Elm Street New York, NY 66666-6666		
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case <input checked="" type="checkbox"/>		
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada (iii) Export packing Le coût de l'emballage d'exportation		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour achat (iii) Export packing Le coût de l'emballage d'exportation		25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises

Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.



CANADA CUSTOMS INVOICE
FACTURE DES DOUANES CANADIENNES

Page
of
de

1. Shipper / Vendor (name and address) - Vendeur (nom et adresse)		2. Date of direct shipment to Canada - Date d'expédition directe vers le Canada	
		3. Other references (include purchaser's order No.) Autres références (inclure le n° de commande de l'acheteur)	
4. Receiver / Consignee (name and address) - Destinataire (nom et adresse)		5. Purchaser's name and address (if other than consignee) Nom et adresse de l'acheteur (s'il diffère du destinataire)	
		6. Country of transshipment - Pays de transbordement	
8. Transportation: Give mode and place of direct shipment to Canada Transport : Précisez mode et point d'expédition directe vers le Canada		7. Country of origin of goods Pays d'origine des marchandises	IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN 12. SI L'EXPÉDITION COMPREND DES MARCHANDISES D'ORIGINES DIFFÉRENTES, PRÉCISEZ LEUR PROVENANCE EN 12.
		9. Conditions of sale and terms of payment (i.e. sale, consignment shipment, leased goods, etc.) Conditions de vente et modalités de paiement (p. ex. vente, expédition en consignation, location de marchandises, etc.)	
		10. Currency of settlement - Devises du paiement	
11. Number of packages Nombre de colis	12. Specification of commodities (kind of packages, marks and numbers, general description and characteristics, i.e., grade, quality) Désignation des articles (nature des colis, marques et numéros, description générale et caractéristiques, p. ex. classe, qualité)	13. Quantity (state unit) Quantité (précisez l'unité)	14. Unit price Prix unitaire
			15. Total
18. If any of fields 1 to 17 are included on an attached commercial invoice, check this box Si tout renseignement relativement aux zones 1 à 17 figure sur une ou des factures commerciales ci-attachées, cochez cette case Commercial Invoice No. - N° de la facture commerciale		16. Total weight - Poids total	
		17. Invoice total Total de la facture	
19. Exporter's name and address (if other than vendor) Nom et adresse de l'exportateur (s'il diffère du vendeur)		20. Originator (name and address) - Expéditeur d'origine (nom et adresse)	
21. Agency ruling (if applicable) - Décision de l'Agence (s'il y a lieu)		22. If fields 23 to 25 are not applicable, check this box Si les zones 23 à 25 sont sans objet, cochez cette case	
23. If included in field 17 indicate amount: Si compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada Les frais de transport, dépenses et assurances à partir du point d'expédition directe vers le Canada (ii) Costs for construction, erection and assembly incurred after importation into Canada Les coûts de construction, d'érection et d'assemblage après importation au Canada (iii) Export packing Le coût de l'emballage d'exportation		24. If not included in field 17 indicate amount: Si non compris dans le total à la zone 17, précisez : (i) Transportation charges, expenses and insurance to the place of direct shipment to Canada Les frais de transport, dépenses et assurances jusqu'au point d'expédition directe vers le Canada (ii) Amounts for commissions other than buying commissions Les commissions autres que celles versées pour l'achat (iii) Export packing Le coût de l'emballage d'exportation	
		25. Check (if applicable): Cochez (s'il y a lieu) : (i) Royalty payments or subsequent proceeds are paid or payable by the purchaser Des redevances ou produits ont été ou seront versés par l'acheteur (ii) The purchaser has supplied goods or services for use in the production of these goods L'acheteur a fourni des marchandises ou des services pour la production de ces marchandises	

Dans ce formulaire, toutes les expressions désignant des personnes visent à la fois les hommes et les femmes.