

Please accept this form as your authority to provide Customs Brokerage services on our behalf for the

Show Name \_\_\_\_\_

Exhibitor \_\_\_\_\_ Booth \_\_\_\_\_

**Shipper**

Company \_\_\_\_\_ IRS # Tax ID \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Transport**

Carrier \_\_\_\_\_ Pick up Date \_\_\_\_\_  
 Carrier Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Pieces \_\_\_\_\_ Weight \_\_\_\_\_  LBS  KGS  Advance Warehouse  Direct to Show

**Destination**

Venue \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 On-Site Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Freight Returning to**

**Shipper** Other: \_\_\_\_\_ IRS # Tax ID \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Billing Address**

**Shipper** Other: \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Contact \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Credit Card**

Charge to:  Visa  Master Card  AMEX Card Number \_\_\_\_\_  
 Expiry Date \_\_\_\_\_ Security Code \_\_\_\_\_ Card Holder's E-mail \_\_\_\_\_  
 I hereby authorize LibertyCFS NV, Inc., to charge this credit card for payment/s of all services related to this shipment. I understand that declined credit cards are subject to a 30% surcharge.  
 Card Holder's Name \_\_\_\_\_  
 Signature \_\_\_\_\_

*Please return completed form to (514) 312-5592*



Customs Brokerage Services