



# Toronto International Boat Show

Appointed by:

Energycare Centre, Exhibition Place  
Toronto, Ontario  
January 19 – 28, 2024



## Customs Clearance

Cross Connect Customs and Events Logistics Inc. ("Cross Connect") has been appointed by CANADIAN BOAT SHOWS INC. as the Official Customs Broker 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 roundtrip customs clearance package.

**Cross Connect** will provide the following services:

- On-site service from the first move-in day to the last day of move-out
- 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](mailto:info@crossconnectcl.com)

**Danny Mekhuri**

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**Sunny Salas**

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**Anthony D'Alessandro**

Phone: 416-670-6606  
E-mail: [anthonyd@crossconnectcl.com](mailto:anthonyd@crossconnectcl.com)



TORONTO INTERNATIONAL BOAT SHOW 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.

**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 TORONTO INTERNATIONAL BOAT SHOW  
ENERCARE CENTRE, EXHIBITION PLACE  
100 PRINCES BLVD  
TORONTO, ON  
M6K 3C3**

## Shipping Checklist

### **\*\*PRIVATE VEHICLE & AIRLINE HAND BAGGAGE:**

If you intend to bring your goods across the border in a private vehicle (personal, company, or rental), or carry them as baggage on an airline, 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 labelled clearly; showing 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 - [pars@crossconnectcl.com](mailto:pars@crossconnectcl.com)"**.
  - 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.
  - o The Bill of Lading or Air Waybill, all Customs documents, and labels must be marked **"NOTIFY CROSS CONNECT FOR CUSTOMS CLEARANCE - [pars@crossconnectcl.com](mailto:pars@crossconnectcl.com)"**.
  - o If shipping out of the USA, the body of the Bill of Lading or Air Waybill, must also be marked **"CERTIFICATE OF REGISTRATION (CF4455) ATTACHED. GOODS MUST BE PRESENTED TO U.S. CUSTOMS PRIOR TO EXPORT FROM THE USA. STAMPED COPIES MUST BE E-MAILED TO CROSS CONNECT ([broker@crossconnectcl.com](mailto:broker@crossconnectcl.com)), AND TURNED OVER ON DELIVERY."**
  - o 3 completed copies of the Commercial Invoice must be attached to the Bill of Lading or Air Waybill.
  - o If shipping out of the USA, 3 copies of the Certificate of Registration (CF4455) 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.

## 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.
  
- Commercial Invoice / Packing List (Mandatory)**
  - Complete all required information per example provided.
  - All invoices **MUST** include detailed descriptions (using general terms), countries of origin, 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.
  
- Certificate of Registration (CF4455)**
  - Required for all shipments from the USA.

**\*\*NOTE:** All forms must be completed and returned to Cross Connect for review, prior to shipping.

# 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): <input type="checkbox"/> Direct to Event/Show Site <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Same as Shipper <input type="checkbox"/> 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

Billing	<input checked="" type="checkbox"/> 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

### MUST BE COMPLETED

Payment	Charge to: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> 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: <i>John Smith</i> Date: 10-Jun-21	

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

Requested Service Level: <input type="checkbox"/> Air <input type="checkbox"/> 2 <sup>nd</sup> 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 <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Weekend Pick-up <input type="checkbox"/> 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](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](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:

- 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

**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):  Direct to Event/Show Site  Advance Warehouse

Exhibitor Name: Booth #:

Event Name: Event Dates: to

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: State/Province: Zip/Postal Code:

City: State/Province: Zip/Postal Code:

Contact Name: Tel:

E-mail:

**Return Freight**

Same as Shipper  No Return Shipment

Company Name: IRS / Importer #:

Address: State/Province: Zip/Postal Code:

City: State/Province: Zip/Postal Code:

Contact Name: Tel:

E-mail:

**Billing**

Same as Shipper

Company Name: GST/HST# (if applicable):

Address: State/Province: Zip/Postal Code:

City: State/Province: Zip/Postal Code:

Contact Name: Tel:

E-mail:

### MUST BE COMPLETED

**Payment**

Charge to:  Visa  MasterCard  American Express

Cardholder Name: CVV Number:

Credit Card Number: Expiry Date:

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:

# of Pieces	Type of Pieces (Box/Crate/Skid, etc.)	Length	Width	Height	Per Piece	Total

**Shipment / Freight**

Requested Service Level:  Air  2<sup>nd</sup> Day  Truck  Other: \_\_\_\_\_

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

Total Shipment Value: Carrier Name & Contact Info:

Available for Pick-up Date: Shipper Hours of Operation: to Must Deliver By:

#### 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](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](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: Date:

Printed Name: Title:

### Cross Connect Internal Use Only

Accepted by:

Date:

Signature:



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.

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

Shipper: ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093  JOHN SMITH - 555-555-0000	Consignee (Ship To): ABC COMPANY, BOOTH # 1001 C/O NAME OF SHOW/EVENT VENUE NAME VENUE ADDRESS  ONSITE CONTACT NAME & CELL PHONE #	Importer/Owner of Goods: <input checked="" type="checkbox"/> Same as Shipper ABC COMPANY 123 SOMEPLACE AVENUE, SUITE 3 NEW YORK, NY 10093  JOHN SMITH - 555-555-0000  Does this company have a Canadian Office? No	Shipped Via: TRANSPORTATION COMPANY NAME Shipped To: <input checked="" type="checkbox"/> Adv. Whse <input type="checkbox"/> Show Site IRS #: 12-3456789 Pieces: 3 Weight: 1,800 <input type="checkbox"/> kg <input checked="" type="checkbox"/> lbs Currency: USD Ship Date: 06/15/2021 (mm/dd/yyyy)	*REMARKS ("X" each item)  *A - TEMPORARY IMPORT *B - PERMANENT IMPORT *C - GIVEN AWAY / SOLD
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# of Pieces	Type of Pieces	Qty	Description of Contents <small>Please include Brand Name &amp; Model # for all electronic equipment.</small>	Origin	Weight in lbs (lbs/kg)	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	400	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	50	41	52	50	1.75	8528.72	X			700.00	1,400.00
		2	WEIGHTED METAL TV STANDS	JAPAN	950					9403.20	X			500.00	1,000.00
1	SKID	5000	ADVERTISING LITERATURE	USA	200	48	48	48	1.81	4911.10			X	0.15	750.00
		1000	BALL POINT PENS	CHINA	48					9608.10			X	0.35	350.00
		400	CATALOGS	USA	150					4911.10			X	3.00	1,200.00
		2	POSTERS	USA	2					4911.91		X		25.00	50.00

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

**\*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.**

**\*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.**

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

\*\*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"

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

\*\*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](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



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:	*REMARKS ("X" each item)  *A – TEMPORARY IMPORT *B – PERMANENT IMPORT *C – GIVEN AWAY / SOLD
			Shipped To: <input type="checkbox"/> Adv. Whse <input type="checkbox"/> Show Site	
			IRS #:	
			Pieces:	
			Weight: <input type="checkbox"/> kg <input type="checkbox"/> lbs	
			Currency:	
			Ship Date:	
Does this company have a Canadian Office?				

# of Pieces	Type of Pieces	Qty	Description of Contents <small>Please include Brand Name &amp; Model # for all electronic equipment.</small>	Origin	Weight in _____ (lbs/kg)	Dimensions (Inches)			CBM	HTS	Remarks*			Value	
						L	W	H			A TEMP	B PERM	C PROMO	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"

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

\*\*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](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: \_\_\_\_\_



DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB Control Number: 1651-0010  
Expiration Date: 08/31/2019

**CERTIFICATE OF REGISTRATION**

19 CFR 10.8, 10.9, 10.68,  
148.1, 148.8, 148.32, 148.37

(NOTE: Number of copies to be submitted varies with type of transaction.  
Inquire at Port Director's office as to number of copies required.)

NO. \_\_\_\_\_

VIA (Carrier)	B/L or INSURED NO.	DATE
NAME OF TRANSPORTATION COMPANY	BILL OF LADING / AIR WAYBILL #	MM/DD/YYYY
NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)	ARTICLES EXPORTED FOR:	
ABC COMPANY c/o Cross Connect 6900 Airport Road, Suite 123 Mississauga, ON L4V 1E8	<input type="checkbox"/> ALTERATION* <input type="checkbox"/> PROCESSING* <input type="checkbox"/> REPAIR* <input checked="" type="checkbox"/> OTHER, (specify) <input type="checkbox"/> USE ABROAD <u>DISPLAY / TOOLS OF TRADE</u> <input type="checkbox"/> REPLACEMENT	
* NOTE: The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.		

**LIST ARTICLES EXPORTED**

Number Packages	Kind of Packages	Description
1	SKID	1 DISPLAY BOOTH - BACKWALLS, PANELS, LIGHTS, GRAPHICS, CARPET & UNDERPAD (USA)
1	CRATE	2 55" LED TV'S - LG MODEL# 55E9100 (CHINA)
1	SKID	2 WEIGHTED METAL TV STANDS (JAPAN)
		1000 ADVERTISING LITERATURE (USA)
		400 BALL POINT PENS (CHINA)
		200 CATALOGS (USA)
		2 POSTERS (USA)

**\*\*FORMAL U.S. ENTRY WILL BE PREPARED. PLEASE VALIDATE TO SHOW PROOF OF EXPORT, ALLOWING THE USE OF HS# 9801.00.85.00 / 9801.00.60.00 ON THE RETURN ENTRY.**

SIGNATURE OF OWNER OR AGENT (Print or Type and Sign)	DATE
JOHN SMITH <i>John Smith</i>	MM/DD/YYYY

The Above-Described Articles Were:

EXAMINED	DATE
DATE	DATE
PORT	
SIGNATURE OF CBP OFFICER	SIGNATURE

**BE SURE TO MARK THE FOLLOWING IN THE BODY OF YOUR BILL OF LADING OR AIR WAYBILL:**

**"CERTIFICATE OF REGISTRATION (CF4455) ATTACHED. GOODS MUST BE PRESENTED TO U.S. CUSTOMS PRIOR TO EXPORT FROM THE USA. STAMPED COPIES MUST BE E-MAILED TO CROSS CONNECT (broker@crossconnectcl.com) & TURNED OVER ON DELIVERY."**

**CERTIFICATE**

Duty-free entry is claimed for the described articles as having been exported with reverse if needed)

**ATTENTION CBP: FORMAL ENTRY PREPARED -- PLEASE BE SURE TO SCAN THE ACE E-MANIFEST.**

(THIS DOCUMENT WAS VALIDATED TO MEET DUTY-FREE RE-ENTRY REQUIREMENTS UNDER HS# 9801.00.85.00 / 9801.00.60.00, ONLY.)

SIGNATURE OF IMPORTER (Print or Type and Sign)	DATE
JOHN SMITH <i>John Smith</i>	MM/DD/YYYY

**NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.**

Paperwork Reduction Act Notice: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0010. The estimated average time to complete this application is 10 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB Control Number: 1651-0010  
Expiration Date: 08/31/2019

NO.

**CERTIFICATE OF REGISTRATION**

19 CFR 10.8, 10.9, 10.68,  
148.1, 148.8, 148.32, 148.37

(NOTE: Number of copies to be submitted varies with type of transaction.  
Inquire at Port Director's office as to number of copies required.)

VIA (Carrier)	B/L or INSURED NO.	DATE
NAME, ADDRESS, AND ZIP CODE TO WHICH CERTIFIED FORM IS TO BE MAILED (If Applicable)	ARTICLES EXPORTED FOR:	
	<input type="checkbox"/> ALTERATION* <input type="checkbox"/> PROCESSING* <input type="checkbox"/> REPAIR* <input type="checkbox"/> OTHER, (specify) _____ <input type="checkbox"/> USE ABROAD <input type="checkbox"/> REPLACEMENT                         _____	
* NOTE: The cost or value of alterations, repairs, or processing abroad is subject to CBP duty.		

**LIST ARTICLES EXPORTED**

Number Packages	Kind of Packages	Description

SIGNATURE OF OWNER OR AGENT (Print or Type <u>and</u> Sign)	DATE
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The Above-Described Articles Were:

EXAMINED		LADEN under my supervision	
DATE	PORT	DATE	PORT
SIGNATURE OF CBP OFFICER		SIGNATURE OF CBP OFFICER	

**CERTIFICATE ON RETURN**

Duty-free entry is claimed for the described articles as having been exported without benefit of drawback and are returned unchanged except as noted: (use reverse if needed)

SIGNATURE OF IMPORTER (Print or Type <u>and</u> Sign)	DATE
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**NOTE: Certifying officers shall draw lines through all unused spaces with ink or indelible pencil.**

Paperwork Reduction Act Notice: An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0010. The estimated average time to complete this application is 10 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.