

GROUPED SHIPPING FORM



Name of event: _____

Name of company: _____

Name of activity supervisor: _____ Phone: _____

NO, we will not be using the Agri-Food's grouped shipping.

YES, we want to ship with the Agri-Food's grouped shipping.

Name of your US customs broker: _____
(for United States trade shows only)

Phone: _____

Option #1: DRY GOODS

Description of material to be shipped: _____

Number of boxes: _____ Dimensions of each box (in.): _____

or

Number of skids: _____ Skid dimensions (in.): _____

Total shipping weight (lb): _____

Option #2: DRY & EDIBLE

Description of material to be shipped: _____

Number of boxes: _____ Dimensions of each box (in.): _____

or

Number of skids: _____ Skid dimensions (in.): _____

Total shipping weight (lb): _____

Option #3: REFRIGERATED

Description of material to be shipped: _____

Number of boxes: _____ Dimensions of each box (in.): _____

or

Number of skids: _____ Skid dimensions (in.): _____

Total shipping weight (lb): _____ Required temperature: _____

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Option #4: FROZEN

Description of material to be shipped: _____

Number of boxes: _____ Dimensions of each box (in.): _____

or

Number of skids: _____ Skid dimensions (in.): _____

Total shipping weight (lb): _____ Required temperature: _____

It is the responsibility of each participating member to insure goods to be shipped in the coordinated plan for their actual value. The amounts stated on the commercial bill of lading must reflect the value of the goods.

YES, we are insured. **NO.**

We wish to have our merchandise picked up. Thank you for your estimate.

We would like some merchandise returned to Canada after the trade fair.

Name of your Canadian customs broker: _____

Phone: _____

Description of material to be shipped: _____

Number of boxes: _____ Dimensions of each box (in.): _____

or

Number of skids: _____ Skid dimensions (in.): _____

Total shipping weight (lb): _____ Required temperature: _____

Please fill out and return by fax to Roxane Buron at 450-461-6255.