

## Power of Attorney for Entry of a Single Importation

EXPORTER	COMPANY NAME:	PO/INVOICE NUMBER:	INVOICE DATE:	
INFORMATION	GRIZZLY INDUSTRIAL, INC.			
	ADDRESS:			
	PO BOX 2069	STATE/PROVINCE:	ZIP/POSTAL CODE:	
	BELLINGHAM	WA	98227-2069	
	CONTACT NAME:	TITLE:	EMAIL ADDRESS	
	FOREIGN ORDERS DEPT.		ORD@GRIZZLY.COM	
	TELEPHONE:	FAX:	<u> </u>	
	360-647-0801	360-671-8375		
	SHIPMENT DESCRIPTION SHIPMENT VALUE:			
	WOODWORKING AND METALWORKING TOOLS, MACHINES AND ACCESSORIES			
IMPORTER OF	COMPANY NAME AS REGISTERED WITH R		DATE:	
RECORD			N/A	
INFORMATION	ADDRESS:			
	CITY:	STATE/PROVINCE:	ZIP/POSTAL CODE:	
	CONTACT NAME:	TITLE:	EMAIL ADDRESS:	
	CONTACT NAME.	THEE.	EMAIL ADDRESS.	
	TELEPHONE:	FAX:	GST NO.:	
	REVENUE CANADA BUSINESS NUMBER:			
I ł	pereby authorize LIPS Canada I	Brokerage to enter on my behalf at Canada B	order Services Agency (CRSA) the above	
		sible for all fees related to customs clearance		
goods described.	Tunderstand that I am respon	sible for all fees related to eastern's creatanes		
Name/Title (Please Print):		Signature:	Signature:	
rame, rue (rease rimt).		orginature.		
PAYMENT INFORMATION				
Due to the fact that you do not have an account with us (UPS Brokerage), we will require credit card information (see below) for processing the shipment through Canada Customs, which must be finalized before the shipment is released from Customs.				
processing the si	upment through Canada Custo	ms, which must be finalized before the shipr	nent is released from Customs.	
Pleace provide	the best telephone number	(c) for us to call you for your credit car.	d information. Do not provide	
Please provide the best telephone number(s) for us to call you for your credit card information. Do not provide credit card information on this form.				
credit card fine	ormation on this form.			
CONTACT N.	AME:			
DAY-TIME P	HONE:			
ALTERNTE PHONE:				

PLEASE E-MAIL YOUR COMPLETED FORM TO GRIZZLY INDUSTRIAL AT ORD@GRIZZLY.COM OR FAX IT TO 360-671-8375.