

PAYMENT AUTHORIZATION

NFMT Fall 2016

November 1 - 2, 2016

Mirage-Las Vegas, Las Vegas, NV

Event Code: L103041116

Discount Deadline: October 11, 2016

Customer Service Fax: (702) 948-0341
Customer Service Email: lasvegas@shepardes.com

5845 Wynn Road, Suites A,B,C,D, Las Vegas, NV 89118

(702) 507-5278

Please complete the information requested below and return this form with your orders. You may choose to pay by credit card, check payable to Shepard Exposition Services, or bank wire transfer. However, we require your credit card authorization to be on file before we process your order(s) for service. We will use this authorization to charge your credit card account for any additional amounts incurred as a result of show site orders placed by your representative to include material handling charges for shipments received on your company's behalf and any unpaid balance due for Shepard services. **Credits for services will be issued at show site only.**

WIRE TRANSFER

In order to accurately process the transfer of funds from your account, please complete the following information and <u>fax it along with a copy of the wire receipt</u> to the fax number printed on the header of this page. A \$50 service charge will be added for processing checks drawn on foreign banks. A \$25 service charge will be added for processing U.S. wire transfers. \$50 service charge for international wire transfers.

The following information must be included on the bank copy of the wire transfer confirmation:

Name of show that you are attending

NFMT Fall 2016

Exhibiting company name

Customer Service Phone:

Booth number

Account Name: Shepard Exposition Services, Inc. Bank Name: PNC Bank N.A., Pittsburgh, PA 15219 USA

Routing Number: 041000124 Account Number: 42-6061-9772

SWIFT CODE (US): PNCCUS33 SWIFT CODE (INTL): PNCCUS33

If payment is not received by the date shown above, I hereby agree to have the balance owed to Shepard Exposition Services, Inc. charged to the credit card indicated in the next section.

** Please be sure to include the show name or show code and your booth # as well as the wire fee if you are sending a wire transfer, ACH payment, or check.

CREDIT CARD INFORMATION Type of Card: Credit Card #: Billing Address:	BOOTH # PHONE: FAX:
COMPANY ADDRESS: CITY, ST, ZIP: CONTACT NAME: CREDIT CARD INFORMATION Type of Card: Pay Credit Card #: Billing Address:	PHONE: FAX:
CITY, ST, ZIP: CONTACT NAME: CREDIT CARD INFORMATION Type of Card: Credit Card #: Billing Address:	FAX:
CONTACT NAME: CREDIT CARD INFORMATION Type of Card: Credit Card #: Billing Address:	MΔII ·
CREDIT CARD INFORMATION Type of Card: Credit Card #: Billing Address:	MAIL:
Type of Card: VISA	
Credit Card #: Billing Address:	
	Pay by Wire* Expiration Date: Month Year
	Security Code:
City, ST, Zip:	
Name on Card:	
Authorized Signature: *Please note: You may choose to pay by Check or Wire Transfer, though a credit card is required.	ed on file to process all orders.
** Are you tax exempt for the state this event occurs in? Yes	No
If you are tax exempt, you must provide a tax exemption certificate for the state in which the Please submit tax exemption certificate to: lasvegas@shepardes.com lasvegas@shepardes.com lasvegas@shepardes.com	