



THIRD PARTY PAYMENT AUTHORIZATION

Shepard Exposition Services

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

Customer Service Phone: (702) 507-5278

Customer Service Fax: (702) 948-0341

Customer Service Email: lasvegas@shepardes.com

NFMT Fall 2016

November 1 - 2, 2016

Mirage-Las Vegas, Las Vegas, NV

Event Code: L103041116

Discount Deadline: **October 11, 2016**

The following information must be completed and the form returned to Shepard by the deadline date.

Both parties MUST sign this form indicating acceptance; otherwise, request will be denied.

When a third party is handling your display and/or paying for any services on your behalf, we will agree to this third party arrangement if the following payment is agreed upon and all signatures are properly completed.

By signing this form, both parties agree and understand that the exhibiting firm is responsible for all charges.

In the event that the named third party does not make payment by show close, Shepard will be paid by the exhibiting firm on demand at show site.

The show site invoice may or may not include any outbound services, such as additional material handling, rigging, and/or shipping charges.

SERVICES TO BE COVERED BY THIRD PARTY

All services

Rental Furniture

Exhibit Display Rentals

Overhead Rigging/Labor

Carpet

Cleaning

Installation/Dismantling Labor

Logistics/Transportation

Other (please specify): _____

Material Handling *Please complete the Material Handling Authorization Form

Notes: _____

THIRD PARTY INFORMATION

COMPANY NAME: _____

CONTACT NAME: _____

COMPANY ADDRESS: _____

PHONE: _____

CITY, ST, ZIP: _____

FAX: _____

AUTHORIZED SIGNATURE: _____

EMAIL: _____

EXHIBITING COMPANY INFORMATION

COMPANY NAME: _____

BOOTH # _____

COMPANY ADDRESS: _____

PHONE: _____

CITY, ST, ZIP: _____

FAX: _____

CONTACT NAME: _____

EMAIL: _____

AUTHORIZED SIGNATURE: _____

THIRD PARTY CREDIT CARD INFORMATION

Type of Card:



Credit Card #:

Expiration Date:

Month Year

Billing Address: _____

Security Code: _____

City, ST, Zip: _____

Name on Card: _____

Authorized Signature: _____

** 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 show is being held.

Please submit tax exemption certificate to: lasvegas@shepardes.com