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

ACRE LAS VEGAS
AMERICAN CRAFT RETAILERS EXPO

June 5 - 7, 2017

Las Vegas Convention Center - Las Vegas, Nevada

Event Code: L113490617

Discount Deadline: May 15, 2017

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 fax it along with a copy of the wire receipt 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 - American Craft Retailers Expo 2017
Exhibiting company name
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.**

EXHIBITING COMPANY INFORMATION

Please fill out the following information:

COMPANY NAME: _____ **BOOTH #** _____
COMPANY ADDRESS: _____ **PHONE:** _____
CITY, ST, ZIP: _____ **FAX:** _____
CONTACT NAME: _____ **EMAIL:** _____

CREDIT CARD INFORMATION

Type of Card: MasterCard ☐ VISA ☐ ☐ Pay by Check* ☐ Pay by Wire* ☐

Credit Card #: _____ **Expiration Date:** Month Year

Billing Address: _____
City, ST, Zip: _____
Name on Card: _____
Security Code: _____

Authorized Signature: _____

**Please note: You may choose to pay by Check or Wire Transfer, though a credit card is required 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 show is being held.

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