



# 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](mailto:lasvegas@shepardes.com)



June 5 - 7, 2017

Las Vegas Convention Center - Las Vegas, Nevada

Event Code: L113490617

**Discount Deadline: May 15, 2017**

**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](mailto:lasvegas@shepardes.com)