



# THIRD PARTY PAYMENT AUTHORIZATION

Shepard Exposition Services

7079 Oakland Mills Rd, Columbia, MD 21046

Customer Service Phone: (410) 737-9270

Customer Service Fax: (410) 737-9274

Customer Service Email: [baltimore@shepardes.com](mailto:baltimore@shepardes.com)

## American Towman Exposition

### November 17 - 19, 2017

### Baltimore Convention Center - Baltimore, Maryland

Event Code: M115451117

**Discount Deadline: October 27, 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

Carpet

Logistics/Transportation

Material Handling \*Please complete the Material Handling Authorization Form

Exhibit Display Rentals

Cleaning

Other (please specify): \_\_\_\_\_

Overhead Rigging/Labor

Installation/Dismantling Labor

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 #:

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Expiration Date:

Month		Year	

Billing Address: \_\_\_\_\_

Security Code:

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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: [baltimore@shepardes.com](mailto:baltimore@shepardes.com)