



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

AAHOA Convention

March 28 - 29, 2018

Gaylord National Resort & Convention Center - National Harbor, Maryland

Event Code: M144530318

Discount Deadline: March 7, 2018

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 #:

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: baltimore@shepardes.com