

Art Craft

DISPLAY, INC.

A DIVISION OF ART CRAFT SERVICE GROUP

**CONTACT & PAYMENT
INFORMATION****CHOOSE PAYMENT METHOD:** Check enclosed # _____ Credit/debit information below**D****RETURN TO: 47220 Cartier Drive, Suite B • Wixom, MI 48393 • (248) 380-0843 • Fax (248) 380-0848 • detroit@artcraftdisplay.com**

SHOW NAME Novi Home Show - Winter Edition		LOCATION Suburban Collection Showplace	SHOW DATE Jan. 26-28, 2018
COMPANY		BOOTH #	BOOTH SIZE _____ X _____
ADDRESS	address	city	state zip
PHONE	FAX	EMAIL	
AUTHORIZED CONTACT SIGNATURE		AUTHORIZED CONTACT - PLEASE PRINT	
		DATE	

- Your signature above indicates your acceptance of all Terms, Conditions and Policies included in this Service Manual.
- Credit card charges will appear on statements as "Art Craft Display"

REQUIRED CREDIT CARD AUTHORIZATION

PLEASE TYPE OR CLEARLY PRINT THE FOLLOWING REQUIRED INFORMATION.

Credit Card Information: Personal Credit Card Debit Card Company Credit CardCard Type: Visa MasterCard American Express

Card Account Number: _____ Expiration Date: _____

Cardholder's Name (print): _____

Cardholder's Signature: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

PAYMENT INFORMATION**All Orders:**

- This form ***must*** be completed and returned with all your Service Orders.
- Phone orders and purchase orders will not be accepted.
- Payment in full of all charges (**in US funds only**) must be made prior to delivery of equipment or execution of services.
- No refunds, exchanges or credits will be made for any items included in your booth package.
- All claims must be made prior to show closing. Absolutely no credits will be issued after that time.
- As the exhibiting firm, you are ultimately responsible for the payment of all charges. Please advise on-site representatives, staff and third party designates of this payment information.

Advance Orders:

- The Advance Order deadline is seven (7) days prior to first move-in day.
- Payment in full of all rental and service charges must accompany your order.
- Advance Order payments may be made by check or credit/debit card.

Floor Orders:

- All orders received after deadlines or on-site are subject to the floor order rate.
- Any orders placed after move-in has begun, must be placed at our on-site service desk. Faxed orders will not be processed during this time.
- Any orders requiring collection during or after the show are subject to floor rates, including declined credit/debit cards.
- Floor order payments may be made by cash, check or credit/debit card.

THIS COMPLETED FORM **MUST** BE RETURNED.

DT 2018

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- **Advance Order Deadline: Seven (7) days prior to first move-in day.**
- **No refunds, exchanges or credits for any booth package items.**
- **All orders must be accompanied by "Contact & Payment Information" form.**
- **All orders are subject to the enclosed Terms, Conditions and Policies.**
- **Availability of this service cannot be guaranteed if not ordered in advance!! Please determine if this service is to be provided as part of your agreement with show management. If not, this form MUST be completed and returned according to conditions herein.**
- **Advance payment of all requested fork lift services (in/out) is required with your order.**

**Credit Card Information
 Required with All Orders.**

STANDARD SERVICE		
Up to 4,000 pound capacity fork lift with operator for installation, uncrating, unskidding, dismantling, crating, skidding and any special handling of your equipment, machinery or freight, due to size or weight. FLOOR RATE applies to <i>any order received within 7 days prior to show or placed on-site.</i>	ADVANCE	FLOOR
	110.00 per hour	132.00 per hour
One hour minimum for move-in and one hour minimum for move-out. Partial hours, after minimum, prorated to nearest 1/2 hour.		
SPECIAL SERVICE		
For capacities over 4,000 pounds or if rigging equipment and labor are required, see "Rigging & Heavy-Duty Lift truck" form.		

EXHIBITOR: Please complete this section			
MOVE-IN	TIME	DATE	RATE
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____		
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____		
MOVE-OUT	TIME	DATE	RATE
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____		
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ for _____ hours x \$ _____ per hr. = \$ _____		
<ul style="list-style-type: none"> • Please check-in at Service Desk when ready for service • Always inform us if more than one fork lift is needed. 		TOTAL ESTIMATED FORK LIFT SERVICE \$	