



# FORK LIFT SERVICES

# D

RETURN TO: 47220 Cartier Dr., Ste B • Wixom, MI 48393 • (248)380-0843 • Fax (248)380-0848 • [detroit@artcraftdisplay.com](mailto:detroit@artcraftdisplay.com)

SHOW NAME <b>Novi Home Show - Winter Edition</b>	LOCATION <b>Suburban Collection Showplace</b>	SHOW DATE <b>Jan 27-29, 2017</b>
COMPANY	BOOTH #	BOOTH SIZE _____ X _____
AUTHORIZED CONTACT SIGNATURE	AUTHORIZED CONTACT - PLEASE PRINT	DATE

- **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. <b>FLOOR RATE</b> applies to <i>any order received within 7 days prior to show or placed on-site.</i>	<b>ADVANCE</b>	<b>FLOOR</b>
	107.00 per hour	129.00 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		
<b>MOVE-IN</b>	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ DATE for _____ hours x \$ _____ RATE per hr. = \$ _____	
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ DATE for _____ hours x \$ _____ RATE per hr. = \$ _____	
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ DATE for _____ hours x \$ _____ RATE per hr. = \$ _____	
<b>MOVE-OUT</b>	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ DATE for _____ hours x \$ _____ RATE per hr. = \$ _____	
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ DATE for _____ hours x \$ _____ RATE per hr. = \$ _____	
	Fork Lift & Operator needed at _____ <input type="checkbox"/> AM <input type="checkbox"/> PM on _____ DATE for _____ hours x \$ _____ RATE per hr. = \$ _____	
<ul style="list-style-type: none"> <li>• Please check-in at Service Desk when ready for service</li> <li>• Always inform us if more than one fork lift is needed.</li> </ul>	<b>TOTAL ESTIMATED FORK LIFT SERVICE \$</b>	



# CONTACT & PAYMENT INFORMATION

### CHOOSE PAYMENT METHOD:

- Check enclosed # \_\_\_\_\_
- Credit/debit information below

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<small>COMPANY</small>	<small>BOOTH #</small>	<small>BOOTH SIZE</small> _____ X _____
<small>ADDRESS</small> _____	<small>city</small> _____	<small>state</small> _____ <small>zip</small> _____
<small>PHONE</small> _____	<small>FAX</small> _____	<small>E MAIL</small> _____
<small>AUTHORIZED CONTACT SIGNATURE</small> _____	<small>AUTHORIZED CONTACT - PLEASE PRINT</small> _____	<small>DATE</small> _____

- **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 Card

Card 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 2017