

**CONTACT & PAYMENT
 INFORMATION**

CHOOSE PAYMENT METHOD:

- Check enclosed # _____
 Credit/debit information below



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 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.

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COMPANY	BOOTH #	BOOTH SIZE _____ X _____
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- Advance Order Deadline: Seven (7) days prior to first move-in day.
- All orders must be accompanied by "Contact & Payment Information" form.
- All orders are subject to the enclosed Terms, Conditions and Policies.
- Advance payment for all requested labor (in/out) is required with your order.

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

RATES (One hour minimum Move-In / One hour minimum Move-Out)		
HIGH LIFT/SIGN & BANNER HANGING	ADVANCE: 150.00 Per Hour	FLOOR: 166.00 Per Hour

EXHIBITOR: PLEASE COMPLETE SECTION BELOW

HIGH LIFT / SIGN & BANNER INSTALLATION REQUEST									
# of Lifts	Estimated Time	Day of Week	Date	Approx. Hrs.	Rate	Estimated Total			
_____	at _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	on _____	_____	for _____ x \$ _____	per hr. = \$ _____			
_____	at _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	on _____	_____	for _____ x \$ _____	per hr. = \$ _____			
<ul style="list-style-type: none"> • Please check-in at Service Desk when ready for service. 							<table border="1"> <tr> <td>TOTAL ESTIMATED INSTALLATION LABOR</td> <td>\$ _____</td> </tr> </table>	TOTAL ESTIMATED INSTALLATION LABOR	\$ _____
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HIGH LIFT / SIGN & BANNER REMOVAL REQUEST									
# of Lifts	Estimated Time	Day of Week	Date	Approx. Hrs.	Rate	Estimated Total			
_____	at _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	on _____	_____	for _____ x \$ _____	per hr. = \$ _____			
_____	at _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	on _____	_____	for _____ x \$ _____	per hr. = \$ _____			
<ul style="list-style-type: none"> • Please check-in at Service Desk when ready for service. 							<table border="1"> <tr> <td>TOTAL ESTIMATED REMOVAL LABOR</td> <td>\$ _____</td> </tr> </table>	TOTAL ESTIMATED REMOVAL LABOR	\$ _____
TOTAL ESTIMATED REMOVAL LABOR	\$ _____								

TOTAL ESTIMATED HIGH LIFT / SIGN & BANNER HANGING / REMOVAL	\$ _____
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- Art Craft Display reserves the right to use additional High Lifts and/or Fork Lifts to properly install/remove your sign or banner and charge exhibitor accordingly.
- Additional charges will apply if specialty materials are required to complete this order.