

# 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](mailto:detroit@artcraftdisplay.com)

SHOW NAME <b>Novi Home Show - Spring Edition</b>	LOCATION <b>Suburban Collection Showplace</b>	SHOW DATE <b>April 6-8, 2018</b>
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.

THIS COMPLETED FORM **MUST** BE RETURNED.

DT 2018

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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.**
- **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.**

LABOR SERVICE		
<b>PLAN A</b>	<b>SUPERVISION BY ART CRAFT DISPLAY, INC. (ART CRAFT).</b> This plan is offered to have exhibit set prior to your arrival. Supervision will be provided by Art Craft. The charge for this service is 25% of the total labor bill, with a minimum of \$35.00 on installation and \$35.00 on dismantling.	
<b>PLAN B</b>	<b>SUPERVISION BY EXHIBITOR</b> Starting time can only be guaranteed at the normal start of the working day, which is usually 8:00 am, unless the official set-up time is later in the day.	
<b>EXHIBITOR REQUIREMENTS:</b> You must do the following to expedite your labor request. <ol style="list-style-type: none"> <li>1. Check in at our Service Desk to pick-up laborers ordered.</li> <li>2. Upon completion of work, check laborers out at Service Desk.</li> <li>3. Your supervising representative must be present during the entire labor call.</li> </ol>		<b>NOTE: If your supervising representative fails to pick-up laborers ordered, a one hour (per laborer) no show charge will be applied, unless a 24 hour advance notice is provided. Please refer to "Cancellation/Refund Policy" for additional terms and conditions.</b>
RATES (One hour minimum Move-In / One hour minimum Move-Out)		
<b>STANDARD LABOR</b>	<b>ADVANCE: 62.83 Per Man/Per Hour</b>	<b>FLOOR: 76.00 Per Man/Per Hour</b>

**EXHIBITOR: PLEASE COMPLETE SECTION BELOW**

INSTALLATION LABOR REQUEST							
Please check A or B and complete information below							
<input type="checkbox"/> <b>PLAN A ART CRAFT SUPERVISION</b>	You must submit all appropriate information to us, in advance, in order for us to install your exhibit to your satisfaction.			<input type="checkbox"/> <b>PLAN B EXHIBITOR SUPERVISION</b>	Supervisor will be: _____		
# of laborers	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. = \$ _____		
• PLEASE VERIFY THAT YOUR EXHIBIT / FREIGHT HAS BEEN DELIVERED TO YOUR SPACE PRIOR TO CHECKING OUT LABORERS.							
						<b>TOTAL ESTIMATED INSTALLATION LABOR</b>	<b>\$</b>
DISMANTLE LABOR REQUEST							
Please check A or B and complete information below							
<input type="checkbox"/> <b>PLAN A ART CRAFT SUPERVISION</b>	You must submit all appropriate information to us, in advance, in order for us to install your exhibit to your satisfaction.			<input type="checkbox"/> <b>PLAN B EXHIBITOR SUPERVISION</b>	Supervisor will be: _____		
# of laborers	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. = \$ _____		
• BE SURE TO ALLOW SUFFICIENT TIME FOR EMPTY CONTAINER RETURN WHEN SCHEDULING DISMANTLE LABOR.							
						<b>TOTAL ESTIMATED DISMANTLE LABOR</b>	<b>\$</b>
<b>IF AC SUPERVISION, ADD 25% or \$35.00 MINIMUM FOR INSTALLATION &amp; DISMANTLE</b>						<b>\$</b>	
<b>TOTAL ESTIMATED LABOR</b>						<b>\$</b>	