Art Craft DISPLAY, INC.
Lansing Grand Rapids Detroit
Event Service Professionals

LABOR SERVICES

D

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

SHOW NAME	LOCATION	SHOW DATE
Novi Home Show - Spring Edition	**Suburban Collection Showplace**	**Mar 31-Apr 2, 2017**

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

PLAN A **SUPERVISION BY ART CRAFT DISPLAY, INC. (ART CRAFT).** 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.

PLAN B **SUPERVISION BY EXHIBITOR** 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.

EXHIBITOR REQUIREMENTS: You must do the following to expedite your labor request.
1. Check in at our Service Desk to pick-up laborers ordered.
2. Upon completion of work, check laborers out at Service Desk.
3. Your supervising representative must be present during the entire labor call.

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.

RATES (One hour minimum Move-In / One hour minimum Move-Out)

STANDARD LABOR	**ADVANCE:** 61.00 Per Man/Per Hour	**FLOOR:** 74.00 Per Man/Per Hour

EXHIBITOR: PLEASE COMPLETE SECTION BELOW

INSTALLATION LABOR REQUEST

Please check A or B and complete information below

☐ **PLAN A ART CRAFT SUPERVISION** *You must submit all appropriate information to us, in advance, in order for us to install your exhibit to your satisfaction.*

☐ **PLAN B EXHIBITOR SUPERVISION**
Supervisor will be:_____

# of laborers	Time		Day of Week	Date	Approx. Hrs.	Rate	Estimated Total
_____	at _____	☐ AM ☐ PM	on _____	_____	for _____	x $ _____ per hr. =	$ _____
_____	at _____	☐ AM ☐ PM	on _____	_____	for _____	x $ _____ per hr. =	$ _____

- **PLEASE VERIFY THAT YOUR EXHIBIT / FREIGHT HAS BEEN DELIVERED TO YOUR SPACE PRIOR TO CHECKING OUT LABORERS.**

TOTAL ESTIMATED INSTALLATION LABOR	**$**

DISMANTLE LABOR REQUEST

Please check A or B and complete information below

☐ **PLAN A ART CRAFT SUPERVISION** *You must submit all appropriate information to us, in advance, in order for us to install your exhibit to your satisfaction.*

☐ **PLAN B EXHIBITOR SUPERVISION**
Supervisor will be:_____

# of laborers	Time		Day of Week	Date	Approx. Hrs.	Rate	Estimated Total
_____	at _____	☐ AM ☐ PM	on _____	_____	for _____	x $ _____ per hr. =	$ _____
_____	at _____	☐ AM ☐ PM	on _____	_____	for _____	x $ _____ per hr. =	$ _____

- **BE SURE TO ALLOW SUFFICIENT TIME FOR EMPTY CONTAINER RETURN WHEN SCHEDULING DISMANTLE LABOR.**

TOTAL ESTIMATED DISMANTLE LABOR	**$**
IF AC SUPERVISION, ADD 25% or $35.00 MINIMUM FOR INSTALLATION & DISMANTLE	**$**
TOTAL ESTIMATED LABOR	**$**

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CONTACT & PAYMENT INFORMATION

CHOOSE PAYMENT METHOD:

☐ Check enclosed # _____

☐ Credit/debit information below

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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 2017