

# PAYMENT AUTHORIZATION **A-3**

**SGIA '06 - Las Vegas**

Las Vegas Convention Center

Las Vegas, NV

September 26-29, 2006

Event Code: 01721006

Shepard Exposition Services

1531 Carroll Drive

Atlanta, GA 30318

Phone: **(404) 720-8600**

International Phone: **+001 (404) 720-8600**

E-mail: **custsvcs@shepardes.com**

Fax: **(404) 720-8755**

**Advance Order Deadline: 9/5/06**

(please print clearly)

Company Name \_\_\_\_\_ Booth Number \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Fax \_\_\_\_\_

Please complete the information requested below and return this form with your orders. You may choose to pay by credit card, check payable to Shepard Exposition, or bank wire transfer. However, we require your credit card authorization to be on file before we process your order(s) for service. We will use this authorization to charge your credit card account for any additional amounts incurred as a result of show site orders placed by your representative to include material handling charges for shipments received on your company's behalf and any unpaid balance due for Shepard services. **Credits will be issued at showsite only.**

## WIRE TRANSFER

In order to accurately process the transfer of funds from your account, please complete the following information and fax it along with a copy of the wire receipt to the fax number printed on the header of this page. A \$50 service charge will be added for processing checks or wire transfers drawn on foreign banks. A \$25 service charge will be added for processing U.S. wire transfers.

**The following information must be included on the bank copy of the wire transfer confirmation:**

**Name of show that you are attending**

**Exhibiting company name**

**Booth number**

Account Name: Shepard Exposition Services, Inc.

Bank Name: Bank of America, Atlanta, Georgia USA

Routing Number: **0260-0959-3** Account Number: **3278494077**

Payment is due in full no later than: **09/05/06**

If payment is not received by the date shown above, I hereby agree to have the balance owed to Shepard Exposition Services, Inc. charged to the credit card indicated in the next section.

## CREDIT CARD AUTHORIZATION

Check  Wire Please charge my (check one):  MasterCard  Visa  American Express

Account Number: \_\_\_\_\_

Exp. Date: month   year     V-Code for MasterCard or Visa:

Cardholder's Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_