

3RD PARTY PAYMENT AUTHORIZATION A-5

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**

Deadline: 9/5/06

Company Name _____ Booth Number _____

Company Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

Authorized Signature _____ Fax _____

The following information must be completed and the form returned to Shepard at least 21 days prior to show opening. Both parties **MUST** sign this form indicating acceptance; otherwise, request will be denied. When a third party is handling your display and/or paying for any services on your behalf, we will agree to this third party arrangement if the following payment is agreed upon and all signatures are properly completed. **By signing this form, both parties agree and understand that the exhibiting firm is responsible for all charges.** In the event that the named third party does not make payment by show close, Shepard will be paid by the exhibiting firm on demand at show site. The show site invoice may or may not include any outbound services, such as additional material handling or rigging.

ITEMS TO BE PAID BY THIRD PARTY

<input type="checkbox"/> All Services	<input type="checkbox"/> Carpet	<input type="checkbox"/> Material handling
<input type="checkbox"/> Rental furniture	<input type="checkbox"/> Signs	<input type="checkbox"/> Rigging equipment/labor
<input type="checkbox"/> Booth cleaning	<input type="checkbox"/> Exhibit Services	<input type="checkbox"/> Installation and Dismantling labor
<input type="checkbox"/> Other (please specify) _____		

THIRD PARTY INFORMATION

Third Party Agent: _____

Billing Address: _____

City, State, Zip: _____

Authorized Signature: _____ **Print Name:** _____

Telephone: _____ Fax Number: _____

E-mail: _____

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:** _____