Return to:

George Fern Company

Expositions • Corporate Events • Exhibits

Nationwide

3752 Crittenden Drive Louisville, Kentucky 40209-1122
Telephone: 502.367.0254 Fax: 502.368.0284

PAYMENT AUTHORIZATION FORM

THIS PAYMENT FORM MUST BE COMPLETED AND ACCOMPANY YOUR ORDER!

DEADLINE for return of this form: **October 27, 2009**

No checks drawn on a foreign bank will be accepted, nor checks marked "Payable in U.S. Funds". Please issue on a U.S. Bank or a U.S. Money Order or American Express International Money Order. We will also accept American Express, Mastercard, and Visa, please write the appropriate charge account numbers and sign below. We also accept wire transfers.

Our **PAYMENT TERMS** require **100% payment** with order for service, tax, and anticipated freight. This form with your **credit card** information for payment of advance and show site orders must be forwarded to the George Fern Co. in order for us to provide any equipment or services. Full payment of rental charges must accompany your order forms and be received by our office before deadline to qualify for the discounted rates. **ALL** orders received after deadline (indicated on each form) will be charged at standard rates. A $40.00 surcharge will be added to your account if any credit charges for services are denied or if any checks are returned. **TERMS:** Due upon receipt. Unpaid balance at the close of the show will accrue a service charge of .0575% per day, annual interest rate 21%. You will be responsible for all fees connected with the collection of your accounts. By signing this form you are accepting the terms, conditions, and limits of liability as stated on various forms and agreements pertaining to serivces rendered by the George Fern Company and its contractrors.

CREDIT CARD INFORMATION

Charge to: ☐ VISA* ☐ AMERICAN EXPRESS** ☐ MASTER CARD*

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Include Security Code (*3 digits on reseverse side of card) (**4 digits on front of AMEX only.) ☐☐☐☐

PRINT Cardmember Name _____

PRINT Cardmember Address _____

Card Holder Signature _____ Expiration Date _____

Advance charges may be paid by company check but credit card information is required for freight (if applicable), additional services, or rentals ordered at the show site which will be invoiced to your **credit card**. At the conclusion of the show a complete invoice will be prepared and sent to you reflecting all charges and payments. No credit will be given after close of event on items or services ordered but not received. Please see George Fern Co. service desk personnel prior to opening if you have a problem.

Check #: _____ Check Date: _____ Check Amount: _____

SERVICES AND EQUIPMENT ORDERED

If someone other than the exhibiting company will pay for items/services on this form, YOU MUST complete "Third Party Payment" information below.

RENTALS:	Display Rental Package Order	Sub Total	$ _____
	Furniture Rental Order	Sub Total	$ _____
	Carpet Rental Order	Sub Total	$ _____
	Custom FurnitureRental Order	Sub Total	$ _____
	Wire Mesh Grid Order	Sub Total	$ _____
	Panelboard Rental Order	Sub Total	$ _____
	Sign and Art Work Order	Sub Total	$ _____
	Floral Rental Order	Sub Total	$ _____
SERVICES:	Display Labor Charges (Pay Estimated Cost)	*Not taxable* Total	$ _____
	In Booth Forklift Charges (Pay Estimated Cost)	*Not taxable* Total	$ _____
	Hanging Sign Rental Order	*Not taxable* Total	$ _____
	Cleaning Service Order	*Not taxable* Total	$ _____
SHIPPING:	Shipping Info and Freight Service Order (Pay Estimated Cost)	*Not taxable* Total	$ _____

CREDIT CARD PAYMENT FOR THIS AMOUNT ⇨

Sub Total Taxable: $ _____
Total Not Taxable: $ _____
9% State Tax: $ _____
GRAND TOTAL: $ _____

All foreign companies or if you prefer bank wire transfer: Send to Bank of America, Boston, MA, ABA#011000138, Account #4625100543, Account Name: WCP/Fern Exposition Services LLC - Depository Reference your Company Name/Show and Booth number. Add $25.00 for processing wire transfer.

THIRD PARTY PAYMENT

The exhibiting firm is primarily responsible for the payment of charges. In the event you have arranged for an exhibit house or other party to handle your display and the payment for all services, we will agree to this third party payment if they supply the appropriate credit card information above. Advance payment in full must accompany order including estimated labor and drayage charges. Additionally, both exhibiting company and third party representative must sign acceptance of the following statement: All unpaid balances will be collected from 3rd party representative in advance with order or at show site before services can be rendered. We understand and agree that we, the exhibiting firm, are primarily responsible for payment of charges. In the event the named third party fails to pay all charges will be paid; by the exhibiting company on demand.

_____ (Exhibiting Firm) _____ (Display House/3rd Party)

By: _____ (Authorized Signature) By: _____ (Authorized Signature)

_____ (Title) _____ (Title)

Name of Event **Aerotech Congress & Exhibition #4-7119-09** Booth# _____ Phone ( ) _____

Firm Name _____ Fax # ( ) _____

Address _____ E-Mail _____

Street City State Zip Code

Print/Type Name _____ Signature _____ Date _____

All orders are subject to the terms and conditions as outlined on the payment form.

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