

PAYMENT INFORMATION FORM

DEADLINE FOR RETURN OF FORM:

P.O. Box 21245 - Louisville, KY 40221
Ph. (502) 969-8588
andy@agxofky.com

Payment Policy -

Payment in full, including tax, must accompany order and be received by our office by deadline to qualify for discount rates. Please complete payment authorization form.

Cancelation Policy -

Cancelation after the deadline will be charged at 50% of prevailing rate. Cancelation after installation will be 100% of prevailing rate.

VALID REFUNDS WILL BE ISSUED AFTER CLOSE OF SHOW

Late Request -

Requests after deadline will be filled as available at the standard rates.

Color/Size Selection-

Choices not indicated will be selected by AG Exhibitions, INC to coordinate with the show colors and size of exhibit.

*****THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR ORDER*****

Services and Equipment Ordered

* NOTE: ONLY COMPLETE INFORMATION ASSOCIATED WITH ENCLOSED FORMS*

- A) Furniture Rental Order Form _____ \$ _____
- B) Carpet Rental Order Form _____ \$ _____
- C) Chrome Grid Wall and Panel Board Order Form _____ \$ _____
- D) Hanging Sign Information _____ Non Taxable \$ _____
- E) Display Labor In Booth Forklift Service Order Form _____ Non Taxable \$ _____
- F) Special Furniture _____ \$ _____
- G) Freight _____ Non Taxable \$ _____

NOTE: ALL SALES/RENTALS ARE SUBJECT TO KENTUCKY SALES TAX
IF EXEMPT FROM SALES/USE TAX WITHIN THE STATE OF KENTUCKY
WE MUST HAVE A COPY OF YOUR CERTIFICATE OF EXEMPTION FORM
FOR OUR FILES OR YOU MUST PAY APPLICABLE TAX.

Subtotal: _____
6.00% State Sales Tax: _____
Non-Taxable Total: _____

TOTAL: _____

Payment By Check

**PLEASE MAKE CHECK TO:
A.G. Exhibitions**

Please Complete The Following:

Check Number _____ Dated _____ In Amount Of \$ _____

NOTE: All checks are deposited upon receipt. Do not post date. There is a \$35.00 for all checks returned by bank.

Payment By Credit Card

Please complete ALL information. Note: All charges are processed thru our Louisville, Ky office.

Card Member Name: _____

Card Type: VISA MASTERCARD AMEX

Account Number:

Expiration Date: Signature: _____

NOTE: PLEASE INCLUDE THE ID NUMBER AS SHOWN ON THE BACK OF CARD

NOTE: ORDERS RECEIVED WITHOUT PAYMENT, IN FULL (TAX INCLUDED) WILL NOT BE PROCESSED AND WILL NOT BE ENTITLED TO ADVANCE DISCOUNT RATE

Name of Event: _____ Booth # _____ Firm Name: _____

Phone: (____) _____ Fax: (____) _____

Print/Type Name: _____ Signature: _____ Date: _____

Address (Street, City, State, Zip): _____

Date Received: _____ Invoice # _____ Check # _____ Amount: _____

*****THIS FORM MUST BE COMPLETELY FILLED OUT AND RETURNED FOR YOUR ORDER TO BE PROCESSED*****

*****PLEASE KEEP A COPY FOR YOUR RECORDS, AS WE DO NOT SEND CONFIRMATION OF ORDERS!*****