



PAYMENT AUTHORIZATION **A-3**

RoboBusiness

Shepard Exposition Services
1531 Carroll Drive
Atlanta, GA 30318

David L. Lawrence Convention Center
Pittsburgh, PA
April 8-9, 2008
Event Code: **G108880408**

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

E-mail: **custsvcs@shepardes.com** Fax: **(404) 720-8755**

Please print clearly

Company Name _____ Booth Number _____

Company Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____

Contact Email _____

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: **03/18/08**

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: _____