Shepard Exposition Services
6615 Escondido St., Suite C
Las Vegas, NV 89119

Customer Service Phone: (702) 507-5278
Customer Service Fax: (702) 948-0341
Customer Service Email: lasvegas@shepardes.com
Event Code: L153830212

PAYMENT AUTHORIZATION

International LCT Show

February 13 - 15, 2012
MGM Grand Hotel & Casino
Las Vegas, Nevada

Discount Deadline: January 30, 2012

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 Services, 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 for services will be issued at show site 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 drawn on foreign banks. A $25 service charge will be added for processing U.S. wire transfers. $50 service charge for international wire transfers.

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

Name of show that you are attending - International LCT Show
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
SWIFT CODE (US): BOFAUS3N **SWIFT CODE (INTL):** BOFAUS6S

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 INFORMATION

Type of Card: MasterCard ☐ VISA ☐ ☐

Credit Card #: _____ **Expiration Date:** ____ (Month / Year)

Billing Address: _____ **Security Code:** _____

City, ST, Zip: _____

Name on Card: _____

Authorized Signature: _____

EXHIBITING COMPANY INFORMATION

Please fill out the following information:

COMPANY NAME: _____ **BOOTH #** _____

COMPANY ADDRESS: _____ **PHONE:** _____

CITY, ST, ZIP: _____ **FAX:** _____

CONTACT NAME: _____ **EMAIL:** _____