

EXHIBITOR-APPOINTED CONTRACTOR NOTIFICATION

RETURN TO: 46100 Grand River Ave., Ste. B • Novi, MI 48374 • (248) 380-0843 • Fax (248) 380-0848 • detroit@artcraftdisplay.com

SHOW NAME The National Franchise Show		LOCATION Vibe Credit Union Showplace	SHOW DATE Sept. 12-13, 2026
EXHIBITING FIRM NAME	BOOTH #	BOOTH SIZE _____ X _____	
EXHIBITING FIRM ADDRESS	address	city	state zip
EXHIBITING FIRM PHONE	FAX	EMAIL	
EXHIBITING FIRM AUTHORIZED CONTACT SIGNATURE	AUTHORIZED CONTACT - PLEASE PRINT		DATE

- No refunds, exchanges or credits for any booth package items.
- All orders are subject to the enclosed Terms, Conditions and Policies.

IF YOU ARE USING A THIRD PARTY, EXHIBITOR-APPOINTED CONTRACTOR (EAC) TO HANDLE ANY PORTION OF YOUR EXHIBIT, YOU MUST COMPLETE AND RETURN THIS FORM

EXHIBITING FIRM:		
<p>We, the exhibiting firm, understand and agree that we are ultimately responsible for payment of charges and agree to be bound by all Terms, Conditions and Policies as described within this exhibitor service manual. Payment in full of all charges, by either party, must be made prior to delivery of equipment or execution of services.</p>		
_____ EXHIBITING FIRM AUTHORIZED CONTACT SIGNATURE	_____ AUTHORIZED CONTACT - PLEASE PRINT	_____ DATE
<p>Please check the items that are to be invoiced to the third party Exhibitor Appointed Contractor:</p> <p> <input type="checkbox"/> All Services <input type="checkbox"/> Signs <input type="checkbox"/> Freight / Material Handling <input type="checkbox"/> None <input type="checkbox"/> Furnishings <input type="checkbox"/> Installation/Dismantle Labor <input type="checkbox"/> Other _____ </p>		
<p><u>It is the responsibility of the Exhibiting Firm to:</u></p> <ul style="list-style-type: none"> • Inform the EAC that they must submit a copy of their general timeline for this event to us, prior to move-in day. • See that each representative of the EAC abides by the official rules and regulations of this event. 		

EXHIBITOR-APPOINTED CONTRACTOR (EAC):	
<p><i>If EAC is paying for services (or any portion thereof), EAC agent must also complete and submit a "Contact & Payment Information" form.</i></p>	
_____ EAC AT-SHOW CONTACT NAME (please print)	_____ EAC AT-SHOW CONTACT PHONE NO. (incl. area code)
_____ EAC COMPANY NAME	
_____ EAC COMPANY ADDRESS	
<input type="checkbox"/> Check enclosed	Check # _____
<input type="checkbox"/> Please charge my credit card (Contact & Payment Information form attached) 3.5% processing fee will apply to all credit card transactions.	