



# Payment and Order Summary Form

Please mail Completed Form to: SMG Exposition Services

355 Plaza Drive, Secaucus, NJ 07094

PHONE (201) 330-8227

Show Name: **FRANCHISE EXPO NY/NJ**

Show Dates: **Saturday & Sunday, January 27-28, 2024**

Show Location: **MEADOWLANDS EXPOSITION CENTER**

Deadline Date to Receive Discounted Rates: **January 19, 2024**

*Full payment, including sales tax, must be received by the deadline date. Orders received after the deadline date will be assessed at the Onsite Price. Orders received without payment will not be processed.*

Note: Changes or cancellations of orders 5 days prior to the show move-in, or later, will be assessed a 50% pick-up charge.

**NO company or personal checks will be accepted on site.**

## Summary of Services and Rental Items Ordered

Material Handling Information/Rate (**credit card on file is required**) ..... \$ \_\_\_\_\_

Labor Order Form ..... \$ \_\_\_\_\_

Carpet Rental Order Form ..... \$ \_\_\_\_\_

Furniture/Accessories Rental Order Form ..... \$ \_\_\_\_\_

Booth Cleaning Order Form ..... \$ \_\_\_\_\_

Sign Order Form ..... \$ \_\_\_\_\_

**Sub-Total** \$ \_\_\_\_\_

(If Tax Exempt Please Include Certificate) **Sales Tax 6.625%** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

### Charge Authorization:

Exhibitors paying by credit card must complete the Charge Authorization below. The Charge Authorization will also include charges for labor and/or material handling, and will authorize your representative at show site to charge additional rental items and services to your card. **On site orders payable by credit card ONLY!**

**Exhibitors with DRAYAGE MUST complete the Charge Authorization for freight to be accepted.**

Charge To: (*circle card type*)

MasterCard

Visa

American Express

CCV CODE

Account Number:

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Expiration Date: \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

### Please Print or Type

Company Name \_\_\_\_\_ Booth # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ordered By \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

To eliminate any misunderstanding regarding charges for show rentals, service and/or material handling, it is the responsibility of the Exhibitor to report discrepancies at show site.

**NO ADJUSTMENTS WILL BE MADE AFTER SHOW CLOSING.**