

# EXPO SERVICES

**CORPORATE OFFICE:**  
 P O Box 2969  
 Zanesville, OH 43702  
 Phone/Fax: 740-454-1201  
 Email:  
 exposervicesoec@gmail.com

## Payment Information Form

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

### SERVICES AND EQUIPMENT ORDERS

**NOTE: COMPLETE ONLY THE INFORMATION ASSOCIATED WITH ENCLOSED FORMS**

	Taxable	Non Taxable	
A) Booth Decorating Form _____	\$ _____	\$ _____	
B) Carpet Rental Order Form _____	\$ _____	\$ _____	
D) Shipping/Freight Service Order Form _____	\$ _____	\$ _____	
E) Electrical Service Order Form _____	\$ _____	\$ _____	
F) Taxable Sub Total __ (sum A thru E) _____	\$ _____		
H) Ohio Sales/Use Tax __ (G x 7.5%) _____	\$ _____		
<b>TOTALS</b> _____	\$ _____	+ \$ _____	= \$ _____
	(Sum F & G)	(Sum A thru E)	TOTAL TIME & MATERIALS

**CREDIT CARD PROCESSING FEE OF 3%** = \$ \_\_\_\_\_

**TOTAL PAYMENT DUE** = \$ \_\_\_\_\_

**NOTE: All sales & rentals are subject to Ohio Sales/Use Tax**

If you are exempt from sales/use Tax within the State of Ohio, you must provide a Certificate of Exemption or pay applicable tax.

### METHODS OF PAYMENT

**CHECKS - Please complete the following:**

**MAKE CHECKS PAYABLE TO : EXPO SERVICES**

Check Number: \_\_\_\_\_ Dated \_\_\_\_\_

Amount \$ \_\_\_\_\_

NOTE: All Checks are deposited upon receipt. Do not post date!  
 There is a \$25.00 charge for all checks returned by the bank.

**CREDIT CARD - Please complete the following: VISA M/C AM EX DIS**

Acct. Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ I.D. Number \_\_\_\_\_ 3 or 4 digit no. on back of card

Card Holder \_\_\_\_\_

Signature \_\_\_\_\_

**PAYMENT MUST BE RECEIVED IN FULL PRIOR TO DEADLINE TO BE ENTITLED TO ADVANCE RATE**

**CONDITIONS OF RENTAL: NO EXHIBITOR MATERIALS CAN BE ATTACHED TO BOOTH DRAPERY, SUPPORTING METAL OR TABLE SKIRTING. NO RENTAL ITEMS/MATERIALS MAY BE ALTERED IN ANY WAY. ANY AND ALL DAMAGES/ALTERATIONS WILL BE CHARGED AT REPLACEMENT COST AND WILL BE THE RESPONSIBILITY OF THE EXHIBITOR. (rental rates will not apply as credit)**

Name of Event <u>The National Fishing Expos— Columbus 2023</u>	<b>50% CANCELLATION FEE FOR ALL ORDERS CANCELED OR CHANGED AT SHOW SITE.</b>
Firm Name _____	Tel. No. _____
Address _____ City _____ State _____ Zip _____	<b>PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED.</b>
Print Your Name _____ Signature _____	

THIS FORM MUST BE COMPLETED AND RETURNED FOR YOUR ORDER TO BE PROCESSED. KEEP A COPY FOR YOUR RECORDS





# Order Form C



# Order Form E