

# 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 _____		<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 _____		

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# EXPO SERVICES

## Order Form A

### BOOTH DECORATING FORM

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ALL ORDERS RECEIVED AFTER DEADLINE WILL BE AT FLOOR RATE  
FURNITURE - TABLES - CARPETING - ACCESSORIES

QTY	TABLES & RISERS (UNDRAPED)	ADVANCED RATE	FLOOR RATE	EXTENDED PRICE
	TABLE-24"X4"X30"	\$12.00	\$15.00	
	TABLE-24"X6"X30"	\$12.00	\$15.00	
	TABLE-24"X8"X30"	\$12.00	\$15.00	
	RISER-12"X4"X12"	CALL FOR PRICE	CALL FOR PRICE	
	RISER-12"X6"X12"	CALL FOR PRICE	CALL FOR PRICE	
	RISER-12"X8"X12"	CALL FOR PRICE	CALL FOR PRICE	
	Extend Table to 40" High (Adder)	\$6.00	\$8.00	
	<b>TABLES &amp; RISERS (draped)</b>	Circle color preferred	<i>BLACK BLUE WHITE</i>	MAROON YELLOW
	TABLE-24"X4"X30"	\$22.00	\$32.00	
	TABLE-24"X6"X30"	\$28.00	\$38.00	
	TABLE-24"X8"X30"	\$30.00	\$40.00	
	RISER-12"X4"X12"	CALL FOR PRICE	CALL FOR PRICE	
	RISER-12"X6"X12"	CALL FOR PRICE	CALL FOR PRICE	
	RISER-12"X8"X12"	CALL FOR PRICE	CALL FOR PRICE	
	Extend Table to 40" High (Adder)	\$12.00	\$15.00	
	<b>SPECIAL BOOTH DRAPE</b>	Circle color preferred	<i>BLACK BLUE WHITE</i>	MAROON YELLOW
	Siderail Drape 36" Ht./ Linear Ft.	\$2.00	\$3.00	
	Black Drape 8' Ht./ Linear Ft.	\$3.00	\$4.00	
	White Vinyl Table Cover	\$6.00	\$6.00	
	Special Skirting 30" Ht. / Linear Ft.	CALL FOR PRICE	CALL FOR PRICE	
	Special Skirting 40" Ht. / Linear Ft.	CALL FOR PRICE	CALL FOR PRICE	
	<b>FURNITURE</b>			
	FOLDING CHAIR	\$5.00	\$5.00	
	STACK CHAIR	\$15.00	\$20.00	
	BAR STOOL	\$30.00	\$38.00	
	OFFICE CHAIR	\$35.00	\$42.00	
	EASEL, Chrome Tripod	\$10.00	\$12.00	
	WASTE BASKET	\$5.00	\$7.00	
	Other Requests:	CALL FOR PRICE	CALL FOR PRICE	
	<b>TRANSFER SUBTOTAL TO "PAYMENT INFORMATION FORM"</b>		<b>SUB-TOTAL</b>	

The above is a basic listing of items available. Contact a representative for quotation on other items.

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Firm Name _____ Tel. No. _____	
Address _____ City _____ State _____ Zip _____	PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED.
Print Your Name _____ Signature _____	
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**Order Form B**

**CARPET RENTAL ORDER FORM**

**ALL ORDERS RECEIVED AFTER DEADLINE WILL BE AT FLOOR RATE**

**STANDARD EXHIBIT BOOTH CARPET**

Standard exhibit booth carpet price includes rental, installation, removal and front edge taping. Standard booth carpet is designed for use in standard size exhibit booths. This carpet is not designed to cover complete booth areas. Cost does not include seaming and the carpets are not guaranteed to be a color match. If complete area exhibit carpet is desired, see section below

CHECK ONE	ADVANCE RATE	FLOOR RATE	CHECK ONE	ADVANCE RATE	FLOOR RATE
10 Ft. x 10 Ft.	\$105.00	\$125.00	10 Ft. x 30 Ft.	\$250.00	\$295.00
10 Ft. x 20 Ft.	\$175.00	\$205.00	10 Ft. x 40 Ft.	\$325.00	\$375.00
Bulk spaces per sq. ft.	\$1.05	\$1.25			

Circle One: Black - Blue - Red - Grey - Green - other \_\_\_\_\_

**COMPLETE EXHIBIT AREA CARPET**

Complete exhibit area carpet price includes laying ,trimming, seaming, wastage, edge taping, rental and removal for carpet specifically cut to you exact measurements

Custom cut - Special Order Final Price is dependent on actual carpet cost	ADVANCE RATE	FLOOR RATE	TOTAL
Complete AreaSize _____ Ft. x _____ Ft. = _____ Sq. Ft. @	\$2.25	\$2.75	

Circle \_\_\_\_\_

One: Black - Blue - Red - Grey - Green - other \_\_\_\_\_

**PADDING - PROTECTIVE PLASTIC COVERING - TAPE**

- Padding Area Size \_\_\_\_\_ Ft. x \_\_\_\_\_ Ft. = \_\_\_\_\_ Sq. Ft. @ \$0.85 / Sq. Ft. = \$ \_\_\_\_\_
- Protective Plastic Area \_\_\_\_\_ Ft. x \_\_\_\_\_ Ft. = \_\_\_\_\_ Sq. Ft. @ \$0.15 / Sq. Ft. = \$ \_\_\_\_\_
- Additional Carpet Tape \_\_\_\_\_ Ft. @ \$1.00 Linear. Ft. = \$ \_\_\_\_\_

**VACUUMING/CLEANING**

Individual cleaning for your booth may be ordered by checking below  
*(Charges are based on gross booth area)*

- Vacuuming ONCE prior to show opening .....\$ .25 per sq. ft.
- Vacuuming EVERY DAY during event.....\$ .20 per sq. ft. per day
- Vacuuming, dusting display area & emptying waste-baskets.....\$ .30 per sq. ft. per day

Booth Size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_sq. ft. x \$\_\_\_\_\_ per sq. ft. x \_\_\_\_\_ days = \$ \_\_\_\_\_

<b>Total each of the top three sections and enter here</b>	<b>Taxable SUB-TOTAL</b> _____
<b>Total from VACUUM/CLEANING Section enter here</b>	<b>Non Taxable SUB-TOTAL</b> _____

Transfer SUBTOTAL to "PAYMENT INFORMATION FORM"

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Firm Name _____ Tel. No. _____	
Address _____ City _____ State _____ Zip _____	<b>PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED.</b>
Print Your Name _____ Signature _____	

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Order Form D

**FREIGHT SERVICE AND MATERIAL HANDLING**

Category	Description	Rate per CWT
1.	Advanced Warehouse Shipments- Received on or before Deadline Date	\$32.00
2.	Targeted/On Site Shipment- Contact Expo Services	
3.	Uncrated Advanced- Non palletized/non-rolling/loose shipments that require special handling that is received prior to Deadline Date	\$32.00
4.	Uncrated Targeted- Contact Expo Services	
5.	Small Package Deliveries-UPS and FEDEX etc.  ADDRESSED c/o EXPO SERVICES LLC	
5.1	1-49lb (combined)	\$10.00
5.2	50-100 lb (combined)	\$25.00
6.	Forklift Service- Hourly rate with operator (2 hour minimum)	\$65.00
7.	Refrigeration Services -Contact Expo Services Directly for Pricing	

Expo Services LLC provides Shipping Labels which should be completed and placed on each container shipped to the Columbus, Ohio address.

**Transfer SUBTOTAL to "PAYMENT INFORMATION FORM"**

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Firm Name _____ Tel. No. _____	
Address _____ City _____ State _____ Zip _____	PAYMENT MUST BE RECEIVED BEFORE SERVICE IS PROVIDED.
Print Your Name _____ Signature _____	

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



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**EXHIBITOR ORDER FORM: OHIO EXPO CENTER ELECTRICAL SERVICES**

ADVANCE RATE: ORDER MUST BE RECEIVED 2 WEEKS PRIOR TO OPENING DAY OF SHOW.

ALL ORDERS RECEIVED AFTER DEADLINE WILL BE AT FLOOR RATE.

**RATES SPECIAL WIRING**

Rates quoted below cover reasonable access to electrical circuit and **do not** include connecting equipment or special wiring. All wiring and electrical work on exhibitor's display will be charged on a time and material basis. Proper tagging of equipment indicating voltage, phase, current, etc. is the responsibility of the exhibitor.

Electrical labor rate is \$60.00/hr between 8AM and 5PM. Double time rate applies after 5:30PM on weekdays, all day Saturday and Sunday, and holidays. Labor billed at 1 hour minimum. Two weeks advance notice on all labor orders is required. All clean line requests will be done by quotation only. Additional charges may apply for outdoor exhibitor spaces. **Electrical outlet may be on pillar behind booth if not on booth.** For quote, call 740-454-1201.

**ELECTRICITY AND ACCESSORIES**

QTY	SINGLE PHASE	ADVANCED RATES	FLOOR RATES	TOTAL
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_____	120 Volt 0-1000W	\$60/outlet	\$85/outlet	_____
_____	120 Volt 1000-2000W	\$70/outlet	\$105/outlet	_____
_____	208 Volt 20 Amp	\$85/outlet	\$120/outlet	_____
_____	208 Volt 30 Amp	\$105/outlet	\$145/outlet	_____
_____	208 Volt 50 Amp	\$140/outlet	\$190/outlet	_____
<b>THREE PHASE</b>				
_____	208 Volt 20 Amp	\$125/outlet	\$185/outlet	_____
_____	208 Volt 30 Amp	\$140/outlet	\$200/outlet	_____
_____	208 Volt 50 Amp	\$165/outlet	\$235/outlet	_____
<b>EQUIPMENT</b>				
_____	Extension Cord (one receptacle)	\$20 each	\$30 each	_____
_____	3-Way Cube Tap (three receptacle)	\$20 each	\$30 each	_____
_____	4-Way Quad Box	\$25 each	\$35 each	_____
<b>LABOR</b>				
_____	LABOR IN Straight time	-----	\$60/ hr	_____
_____	LABOR IN Over time	-----	\$110/ hr	_____
_____	LABOR OUT Straight time	-----	\$60/ hr	_____
_____	LABOR OUT Over time	-----	\$110/ hr	_____

**PAYMENT Total:**

**CHECKS - Complete the following:**

Please make checks payable to: Expo Services

Check # \_\_\_\_\_ Dated \_\_\_\_\_

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

All checks are deposited upon receipt. Do not postdate.

There is a \$25 charge for all checks returned by the bank.

**CREDIT CARD - Complete the following: VISA M/C AMEX DIS**

3% PROCESSING FEE. (CIRCLE ONE)

Acct # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_ (3 or 4 digit code)

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

Signature \_\_\_\_\_

**PLEASE COMPLETE THIS PORTION. (For CREDIT CARD PAYMENTS - Provide C.C. billing address)**

Name of Event \_\_\_\_\_ Booth Number(s) \_\_\_\_\_

Firm Name \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

Print Your Name \_\_\_\_\_ Signature \_\_\_\_\_

Credit Cards unprocessed due to insufficient funds may not be eligible for Advance Rates.

**50% Cancellation Fee** for ALL orders cancelled or charged at show site. Payment must be received **BEFORE** service is provided.

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