



# 2010 Audio Visual Credit Card Authorization and Liability Form

FOR EXHIBIT SPACE RESERVATION ONLY  
FAX TO (831) 657-6559

<b>COMPLETE PAYMENT INFORMATION AND FAX ENTIRE FORM TO 831-657-6694</b>			Equipment Subtotal:	
CHECK: Made Payable To: Visual Aids Electronics Send to: 3625 E. Atlanta Ave., Suite 2 Phoenix, AZ 85040			8.25% Sales Tax Rate:	
AMEX	Cardholders Name (print):		Service Charge 20% of Equipment Subtotal	
VISA	Credit Card #:		8.25 Sales Tax	
MASTERCARD	Verification Code:*	Expiration Date:	Subtotal:	
* Verification Code is the last 3 or 4 digits AFTER the credit card number in the signature area on the back of the card.			On-Site Orders:	
Credit Card Billing Address:			TOTAL:	
City:	State:	Zip Code:		
Phone Number:		Authorized Signature:		

## TERMS AND CONDITIONS

**Rental Agreement** – Advance rates apply only to orders paid in full and received **15 days** prior to the first scheduled show day. Items ordered after deadline date, are subject to availability and applicable freight charges. Labor Charge includes Delivery/ Set Up / Pick-up. Rate is 15% of equipment subtotal before sales tax (\$75 minimum).

Your representative must be available at your booth on date and time specified to accept delivery of equipment. **PLEASE NOTE** that the equipment will NOT be left in your booth without an authorized person to receive. If a repeat delivery is required, an additional charge will apply.

It is understood and agreed that the Exhibitor accepts full responsibility for any loss or damage to the equipment until it is returned to VAE. Exhibitor will immediately notify VAE of any damage to the rental equipment, and Exhibitor hereby agrees to be billed for any damage to, or loss of, rental equipment damaged while in Exhibitor's care, custody and/or control.

**Payment Terms** – Full payment, including applicable tax, is due at the time services are ordered. Purchase orders are not considered payment. Orders placed or service provided at show site must be paid at the show site.

If paying by credit card, we will use this authorization to charge your credit card account for your advance order, and any additional charges incurred as a result of show site orders placed by your onsite representative. These charges may include labor, materials, and handling.

If you are exempt from payment of sales tax, VAE requires you to forward an exemption certificate for the STATE in which the services are to be used.

**Cancellation** – Written cancellation of equipment must be received one (1) week prior to delivery date to avoid a one (1) day charge. If equipment and services have already been provided at the time of cancellation, a minimum one (1) day charge will apply.

**Fax pages 10 and 11 to place your order**

# Hotel Shipping and Receiving

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## HYATT REGENCY MONTEREY - ENGINEERING & ELECTRICAL SERVICE REQUEST FORM FAX when completed to 831-657-6559.

GROUP NAME: The CBF Insolvency Conference HOTEL CONTACT: Sybille Mackenzie-Jones

LOCATION: (Include, specific room placement) \_\_\_\_\_ ON-SITE CONTACT: Toni Spangler  
(Authorized for additions)

INSTALL (Date & Time): \_\_\_\_\_ PHONE: ( )

REMOVAL (Date & Time): \_\_\_\_\_ FAX: ( )

COMMENTS: \_\_\_\_\_ DIAGRAM ATTACHED: [ ] YES

### ALL ELECTRICAL USAGE CHARGES ARE PER DAY

All Electrical Orders must be received a minimum of five (5) working days before the event.

Qty.	Type of Service / Equipment	Price	Install Date	Removal Date	Amount (Completed by Engineering)	
					Daily Charges	Total
	Wall Outlets (20 amp Circuit) Includes Extension Cord and Power Strip	\$15.00 each / day			\$	\$
<b>Total Charges</b>					\$	\$

- ◆ All equipment furnished by the Hyatt Regency Monterey for this service shall remain in the property of the Hyatt Regency Monterey. A fee will be assessed for any equipment not returned.
- ◆ Any orders placed within 48 hours of the event will require an additional \$100.00.

### BILLING

CREDIT CARD (Imprint or Copy of Card Required)

Type: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Billing Address: \_\_\_\_\_

CC#: \_\_\_\_\_

Cardholder: \_\_\_\_\_

Signature / Cardholder or Client \_\_\_\_\_ Date \_\_\_\_\_

FAX when completed to 831-657-6559.