

# CAPITAL

convention contractors

153 Northboro Road, Suite 6 | Southborough, MA 01772  
capitalconventions.com | Fax: 508-481-1150

877-335-3700

**Home Show Foxboro at Patriot Place**  
Empower Field House at Gillette Stadium  
Foxborough, MA  
March 22-24, 2019

## CREDIT CARD AUTHORIZATION FORM

**WE ACCEPT:** American Express      VISA      MasterCard

Exhibitor \_\_\_\_\_ Booth # \_\_\_\_\_

### CREDIT CARD BILLING INFORMATION

Credit Card Billing Address \_\_\_\_\_

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

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Credit Card Number													Expiration		CVV*						
														/							

\*(3 digit MC/Visa 4 digit Amex)

Card Holder Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Cardholder hereby authorizes Capital to charge credit card described herein for all charges incurred by Exhibitor and has read, understands and agrees to all forms in the exhibitor manual and agrees to pay all charges as described in the Cardholder Agreement. All estimated charges must be paid in ADVANCE, and a valid credit card must be on file with Capital authorizing payment for modified and/or additional charges. All charges must be paid by the end of the show.

**IMPORTANT: PLEASE PROVIDE YOUR BOOTH REPRESENTATIVE WITH A COPY OF THIS CREDIT CARD AUTHORIZATION FORM TO AVOID ANY MISUNDERSTANDING.**

### CREDIT CARD PAYMENT POLICY

**NO SERVICES WILL BE RENDERED UNTIL THIS DOCUMENT IS COMPLETED, SIGNED AND RETURNED TO CAPITAL**

**ADVANCE FLOOR ORDERS:** All orders require advance payment for initial estimate of charges for services AND a VALID CREDIT CARD with proper authorization be provided to Capital. You may prepay with a company check, but a credit card is required by Capital to ensure any unexpected charges, such as additional freight, clean-up cost, etc. that are paid at the time the show closes.

**THIRD PARTY ORDERS:** If you choose to contract work to a Display or Exhibit House/company and/or require services from Capital, the payment information presented above shall apply. Capital must be notified, in writing, from exhibiting company or any other Display or Exhibit Company involved in the set-up or dismantle of exhibits.

**DRAYAGE TO WAREHOUSE OR SHOW SITE AND/OR LABOR:** Capital's Payment Policy must be adhered to by exhibitor prior to any freight being shipped to Capital. All charges for freight, assembling, disassembling, shipping, handling and any other must be prepaid. If adjustments or additional charges are required at Show Close, they will be charged to the enclosed Credit Card provided, unless Exhibitor disputes charges in writing. Capital is **not responsible** for any damage or loss of your freight; please secure round trip insurance from your company insurance carrier.

**ALL CHARGES:** All charges/costs requested by Exhibitor MUST be **PAID IN FULL** before services are rendered, and any adjustment and/or additional charges must be paid by Show Close. Such costs will be charged to Exhibitor's credit card provided unless prior arrangements have been made. All Checks must be drawn on a US bank, and there will be a minimum charge for each NSF check written to Capital. Declined credit cards are subject to a \$35.00 service fee.

**ADJUSTMENTS:** Exhibitors are responsible for ensuring services rendered as ordered prior to Show Opening. All requests for adjustments must be made on site prior to the Show Closing. Capital will not be responsible for adjustments after the Show Closes unless prior arrangements have been made in writing to Capital.

**SALES TAX:** Applicable city, county and state taxes will apply. If any Exhibitor is exempt from paying sales tax, it is the Exhibitor's responsibility to provide Capital with its tax exempt certificate prior to the Show Opening.

**COLLECTION POLICY:** In the event this contract is turned over to an attorney for collection or dispute, Capital will be entitled to reasonable attorney fees.

If you have any questions, please feel free to contact Exhibitor Services at the number below.  
**EMAIL, MAIL OR FAX FORM TO:**  
Capital Convention Contractors · 153 Northboro Rd · Suite 6 · Southborough, MA 01772  
Phone 877-335-3700 · Fax 508-481-1150 · Email help@capitalconventions.com

## ELECTRICAL ORDER FORM

**Advance Order Price Deadline: March 8, 2019**

	QTY	DESCRIPTION	Advance Price	Floor Price	Amount
<b>120 VOLTS</b>		0-500 Watts (5 AMPS)	\$88.50	\$123.00	
		500-1000 Watts (10 AMPS)	\$104.00	\$130.00	
		1001-1500 Watts (15 AMPS)	\$112.50	\$151.00	
		1501-2000 Watts (20 AMPS)	\$116.50	\$161.50	
<b>208 VOLTS SINGLE PHASE</b>		5 AMPS – 1000 Watts	\$118.00	\$158.50	
		10 AMPS – 2000 Watts	\$139.50	\$189.50	
		15 AMPS – 3000 Watts	\$164.50	\$223.00	
		20 AMPS – 4000 Watts	\$187.50	\$255.00	
		30 AMPS – 6000 Watts	\$282.50	\$383.00	
		60 AMPS – 12000 Watts	\$569.00	\$770.00	
		100 AMPS – 20000 Watts	\$952.00	\$1,252.50	
<b>208 VOLTS TRIPLE PHASE</b>		5 AMPS – 1800 Watts	\$146.00	\$198.00	
		10 AMPS – 3600 Watts	\$177.00	\$238.50	
		15 AMPS – 5400 Watts	\$204.00	\$277.00	
		20 AMPS – 7200 Watts	\$235.50	\$320.50	
		30 AMPS – 10000 Watts	\$355.00	\$480.50	
		60 AMPS – 22000 Watts	\$712.50	\$931.50	
		100 AMPS – 36000 Watts	\$1,190.00	\$1,570.75	
<b>INTERNET</b>			\$260.00	\$364.00	
<b>TELEPHONE</b>			\$156.00	\$194.40	

\*\*\*\*\*All pricing is for the duration of the show, not per day\*\*\*\*\*

**ADVANCE DISCOUNT ORDER PAYMENT MUST BE RECEIVED 14 DAYS PRIOR TO MOVE-IN.**

- ❖ No credit will be issued on equipment ordered and placed in your booth, either unused or after the close of the show. There is a 50% cancellation charge for orders cancelled at show-site.
- ❖ All materials are on a rental basis and remain the property of Capital.
- ❖ The undersigned is responsible for all items ordered and for its condition at close of show.

<b>SUB TOTAL</b>	\$ _____.
<b>10% SERVICE FEE</b>	\$ _____.
<b>MA TAX 6.25 %</b>	\$ _____.
<b>GRAND TOTAL</b>	\$ _____.

PLEASE COMPLETE THE FOLLOWING INFORMATION ON EACH ORDER SHEET. I have read and understand the Liability and Insurance Bulletin included in this packet and as stated on the enclosed sheets.

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Booth # \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Signature \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email address \_\_\_\_\_

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