



AMERICAN INTERNATIONAL MOTORCYCLE EXPO
 PRESENTED BY NATIONWIDE
GREATER COLUMBUS CONVENTION CENTER
COLUMBUS, OH
SEPTEMBER 21 - 24, 2017

Payment Terms
Furniture
Carpet
Custom Carpet
Rental Units
Graphics
Labor/Lift
Accessible Storage
Non Official
Shipping Information
Material Handling
Limits of Liability

Official Service Contractor

Brede/Allied Convention Service, Inc. Phone: 407-851-0261
 2502 Lake Orange Drive Fax: 407-859-3904
 Orlando FL 32837

Exhibit Management Contact

Jack Young Phone: 949-517-7513
 MIC Events Fax: 949-715-7519
 2 Jenner St, Ste 150 Email: jyoung@mic.org
 Irvine, CA 92618-3806

Exhibit Information

Pipe & Drape Colors: Black/White/Blue
 Exhibit Hall Carpet: Exhibitors are required to have carpet/flooring in their booth
 Aisle Carpet Color: Predominantly Black with Blue Jay (Black & Blue pattern) on main cross aisles

Important Dates (Check all order forms for additional deadlines)

Custom Carpet/Booth Rental Order Deadline:	Monday	August 21, 2017
Non Official Exhibitor Appointed Contractor :	Monday	August 21, 2017
Brede/Allied Advanced Order Deadline:	Thursday	September 7, 2017
Advance Freight Deadline: (without surcharge)	Thursday	September 7, 2017
<u>Exhibitor Setup:</u> (Targeted Only)	Monday	Sept 18, 2017 8:00 AM — 5:00 PM
	Tuesday	Sept 19, 2017 8:00 AM — 5:00 PM
	Wednesday	Sept 20, 2017 8:00 AM — 6:00 PM
<u>Exhibit Hours:</u> (Trade/Media)	Thursday	Sept 21, 2017 10:00 AM — 6:00 PM
	Friday	Sept 22, 2017 10:00 AM — 6:00 PM
	(Consumer/Trade/Media) Saturday	Sept 23, 2017 9:00 AM — 6:00 PM
(Consumer/Trade/Media) Sunday	Sept 24, 2017 10:00 AM — 5:00 PM	
<u>Exhibitor Move-out:</u>	Sunday	Sept 24, 2017 5:00 PM — 10:00 PM
	Monday	Sept 25, 2017 8:00 AM — 5:00 PM
<u>Freight Re-Route Time:</u>	Monday	Sept 25, 2017 5:00 PM

Warning: Be aware of solicitation by unauthorized vendors. Non Official contractors may not disclose all applicable fees.



Find more on Bredeallied.com

Shipping Information

ADVANCE WAREHOUSE:
 Company Name, Booth Number
 AIMExpo 2017
 Brede/Allied
 @ Excel
 3910 Groves Rd, Ste A
 Columbus, OH 43215

SHOW SITE:
 Company Name, Booth Number
 AIMExpo 2017
 Brede/Allied
 @ Greater Columbus Convention Center
 400 High Street
 Columbus, OH 43215



Payment Authorization

TERMS:

THIS FORM ALONG WITH YOUR ORDER, CHECK AND/OR CREDIT CARD INFORMATION FOR PAYMENT MUST BE RETURNED TO BREDE/ALLIED AT THE ADDRESS ABOVE. A CREDIT CARD ON FILE IS REQUIRED WHEN USING BREDE/ALLIED. ORDERS RECEIVED WITHOUT PAYMENT AND CREDIT CARD AUTHORIZATION WILL NOT BE PROCESSED.

- By submitting this form or ordering materials or services from Brede/Allied, you agree to the terms set forth in this service manual.
- **To receive discount pricing, order forms and full payment must be received by the deadline date on each form.** Purchase Orders are not considered advance payment. Payment may be made by company check credit card authorization or wire transfer**. Any additional costs incurred for orders or services placed at show site, including labor and material handling, are due and payable upon presentation of the invoice. All adjustments must be made at show site. **ABSOLUTELY NO CREDITS WILL BE ISSUED AFTER SHOW CLOSING.**
- *All accounts must be settled at the Brede/Allied service desk prior to show closing. Your show site representative must be made aware of this policy and have means of payment, unless credit card authorization below is signed. It is the responsibility of your show site representative to review the Statement of Account prior to the close of the show. ABSOLUTELY NO CREDITS WILL BE ISSUED AFTER SEPTEMBER 25, 2017.*
- The exhibiting firm is primarily responsible for payment of all charges.
- NOTE: RENTAL ITEMS NOT ORDERED, YET FOUND IN BOOTHS, ARE INVOICED AT "STANDARD-FLOOR" PRICING.
- INTERNATIONAL EXHIBITORS: **We require 100% pre-payment of advance orders.** Payment must be rendered by cash, check payable in U.S. dollars drawn on a U.S. account, American Express, MasterCard, Discover or Visa credit cards.

PAYMENT INFORMATION

CREDIT CARD INFORMATION - CREDIT CARD IS REQUIRED FOR SERVICES RENDERED:

We authorize Brede/Allied to charge any additional amounts incurred by me or my show representative, including material handling and labor charges. If credit card is declined, Standard-Floor pricing prevails and a \$35.00 service charge will be added.

Charge to: (check one) ___ MasterCard ___ Visa ___ American Express ___ Discover

Account Number _____ Expiration Date _____ CVS# _____

Card Holder Name: _____ Signature: _____

Card Holder Billing Address: _____ City/State/Zip: _____

Card Holder Phone: _____ Fax: _____

Card Holder Email: _____

CHECK PAYMENT OPTION: Made Payable to: Allied Convention Service, Inc. and drawn in US funds.

Check # _____ Date _____ Amount \$ _____

****Wire Transfers are available. Please contact Customer Service for details.**

ORDER SUMMARY

<i>Furniture (Brede/Allied Only)</i>	\$ _____	<i>Labor (estimate)</i>	\$ _____
<i>Carpet</i>	\$ _____	<i>Material Handling (estimate)</i>	\$ _____
<i>Custom Rental Exhibits</i>	\$ _____	<i>Other Brede/Allied Services</i>	\$ _____
<i>Graphics</i>	\$ _____	Total Due	\$ _____

Please check that you agree to our Payment Authorization Terms and acknowledge payments must be accompanied with order.

COMPANY NAME: _____ BOOTH# _____

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Find more on Bredeallied.com



Third Party Billing

WE UNDERSTAND AND AGREE THAT THE EXHIBITING COMPANY IS ULTIMATELY RESPONSIBLE FOR PAYMENT OF CHARGES. IN THE EVENT THE NAMED THIRD PARTY DOES NOT DISCHARGE PAYMENT PRIOR TO THE CLOSE OF THE SHOW, CHARGES WILL REVERT TO THE EXHIBITING COMPANY. ALL INVOICES ARE DUE AND PAYABLE UPON RECEIPT. THE ITEMS CHECKED BELOW ARE TO BE CHARGED TO THE THIRD PARTY:

<input type="checkbox"/> All Brede/Allied Services	<input type="checkbox"/> Material Handling In/Out
<input type="checkbox"/> Furniture/Carpet	<input type="checkbox"/> Miscellaneous Charges
<input type="checkbox"/> Custom Rental Exhibit	<input type="checkbox"/> Other _____
<input type="checkbox"/> Installation/Dismantle Labor	Please Specify

This form must be completed by both companies and returned no later than September 7, 2017 as agreement to payment authorization terms.

Exhibiting Company Name _____ Booth _____

3rd Party Company Name _____

Authorized By _____ Title _____

Signature _____

Email Address _____



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Charge to : (check one) MasterCard Visa American Express Discover

Account Number _____ Expiration Date _____ CVS# _____

Card Holder Name: _____ Signature: _____

Card Holder Billing Address: _____ City/State/Zip: _____

Card Holder Phone: _____ Fax: _____

Card Holder Email: _____

CHECK PAYMENT OPTION : Made Payable to: Allied Convention Service, Inc. and drawn in US funds.

Check # _____ Date _____ Amount \$ _____

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Please check that you agree to our Payment Authorization Terms and acknowledge payments must be accompanied with order.

COMPANY NAME: _____ BOOTH# _____

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