



P.O. Box 21245 - Louisville, KY 40221
Ph. (502) 969-8588

DEADLINE FOR RETURN OF FORM: *Dec. 30, 2025*

Form A FUNITURE RENTAL ORDER FORM

Payment Policy -

Payment in full, including tax, must accompany order and be received by our office by deadline to qualify for discount rates. Please complete payment authorization form.

Cancellation Policy -

Cancellation after the deadline will be charged at 50% of prevailing rate. Cancellation after installation will be 100% of prevailing rate.

VALID REFUNDS WILL BE ISSUED AFTER CLOSE OF SHOW

Late Request -

Requests after deadline will be filled as available at the standard rates.

Color/Size Selection-

Choices not indicated will be selected by AG Exhibitions, INC to coordinate with the show colors and size of exhibit.

Miscellaneous Accessories				
Qty	DESCRIPTION	Discount Rate	Standard Rate	Amount
	Stack Chair, Gray/Padded, No Arms	\$35.00	\$45.00	
	Stool 30" Gray w/ back	\$50.00	\$60.00	
	Wastebasket w/ Liner	\$10.00	\$12.00	
	Easel, Chrome/Tripod	\$20.00	\$25.00	
	Stanchion, Chrome	\$25.00	\$30.00	
	Stanchion Rope, Blue/Padded	\$20.00	\$25.00	
	White Plastic Chain (per Ft.)	\$2.00	\$3.00	
	Stanchion, Black/Metal	\$10.00	\$15.00	

Special Booth Draping				
	White Vinyl Table Cover	\$6.00	\$8.00	
Ft	Special Skirting, 30" Ht./per Linear Ft.	\$3.00	\$5.00	
Ft	Special Skirting, 40" Ht./per Linear Ft.	\$5.00	\$7.00	
Ft	Siderail Drape, 36" Ht./per Linear Ft.	\$3.00	\$4.00	
Ft	Siderail Drape, 96" Ht./per Linear Ft.	\$6.00	\$8.00	
Circle Color Selection				
Black	Blue	Burgandy	Gold	Teal
Gray	Red	White	Hunter Green	

Wood Risers (No Draping)				
	4' Long, 12" Wide x 12" High	\$15.00	\$20.00	
	6' Long, 12" Wide x 12" High	\$20.00	\$25.00	
	8' Long, 12" Wide x 12" High	\$25.00	\$30.00	

No credit will be given after close of event on items or services ordered but not received. If you have a problem, please see the Service Desk Personnel at the event site prior to opening.

Charges listed above include delivery to your booth, rental(not sale) during the event, and removal.

NOTE: NO EXHIBITOR MATERIAL CAN BE ATTACHED TO BOOTH DRAPERY, SUPPORTING METAL OR TABLE SKIRTING.

NO RENTAL ITEMS/MATERIAL(S) may be ALTERED in any way. ANY and ALL DAMAGES /ALTERATIONS WILL BE CHARGED at REPLACEMENT COST (rental rate will not apply as credit) and will be the RESPONSIBILITY of the EXHIBITOR.

Display Tables - 30" High x 2' Wide				
Qty	DESCRIPTION	Discount Rate	Standard Rate	Amount
	4' Long Table SKIRTED 3 SIDES	\$75.00	\$85.00	
	6' Long Table SKIRTED 3 SIDES	\$90.00	\$100.00	
	8' Long Table SKIRTED 3 SIDES	\$95.00	\$110.00	
	4' Long Table NOT SKIRTED	\$35.00	\$45.00	
	6' Long Table NOT SKIRTED	\$40.00	\$50.00	
	8' Long Table NOT SKIRTED	\$45.00	\$55.00	
	4th Side Skirted 6' or 8' (30" or 40")	\$35.00	\$45.00	
Circle Color Selection				
Black	Blue	Burgandy	Gold	Teal
Hunter Green	Gray	Red	White	Expo Green

Display Tables - 40" High x 2' Wide				
	4' Long Table SKIRTED 3 SIDES	\$85.00	\$100.00	
	6' Long Table SKIRTED 3 SIDES	\$95.00	\$110.00	
	8' Long Table SKIRTED 3 SIDES	\$105.00	\$120.00	
	4' Long Table NOT SKIRTED	\$45.00	\$55.00	
	6' Long Table NOT SKIRTED	\$50.00	\$60.00	
	8' Long Table NOT SKIRTED	\$55.00	\$65.00	
Circle Color Selection				
Black	Blue	Burgandy	Gold	Teal
Hunter Green	Gray	Red	White	Expo Green

Wood Risers With Draping				
	4' Long, 12" Wide x 12" High	\$30.00	\$40.00	
	6' Long, 12" Wide x 12" High	\$40.00	\$50.00	
	8' Long, 12" Wide x 12" High	\$50.00	\$60.00	
Circle Color Selection				
Black	Blue	Burgandy	Gold	Teal
Hunter Green	Gray	Red	White	Expo Green

Subtotal \$ _____

TRANSFER THIS AMOUNT TO LINE A ON THE PAYMENT INFORMATION PAGE

Name of Event: L&L Jan. 16-18 Louisville Ky. show Booth # _____ Firm Name: _____
 Phone: (____) _____ Fax: (____) _____ Address _____
 (street) (City) (State) (Zip)

Print/Type Name: _____ Signature: _____ Date: _____

THIS FORM MUST BE COMPLETELY FILLED OUT AND RETURNED FOR YOUR ORDER TO BE PROCESSED

PLEASE KEEP A COPY FOR YOUR RECORDS, AS WE DO NOT SEND CONFIRMATION OF ORDERS!



P.O. Box 21245 - Louisville, KY 40221
Ph. (502) 969-8588

DEADLINE FOR RETURN OF FORM: *Dec. 30, 2025*

Form B

CARPET RENTAL ORDER FORM

Payment Policy -

Payment in full, including tax, must accompany order and be received by our office by deadline to qualify for discount rates. Please complete payment authorization form.

Cancellation Policy -

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VALID REFUNDS WILL BE ISSUED AFTER CLOSE OF SHOW

Late Request -

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Color/Size Selection-

Choices not indicated will be selected by AG Exhibitions, INC to coordinate with the show colors and size of exhibit.

Standard Exhibit Booth Carpet

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

CHECK ONE	DISCOUNT RATE	STANDARD RATE	CHECK ONE	DISCOUNT RATE	STANDARD RATE
<input type="checkbox"/> 9 Ft. X 10 Ft.	\$140.00	\$175.00	<input type="checkbox"/> 9 Ft. X 30 Ft.	\$405.00	\$455.00
<input type="checkbox"/> 9 Ft. X 20 Ft.	\$270.00	\$310.00	<input type="checkbox"/> 9 Ft. X 40 Ft.	\$540.00	\$600.00

☐ Blue

☐ Grey

Please check color desired for standard carpet.

☐ Red

☐ Hunter Green

☐ Black

☐ Burgandy

☐ Teal

Complete Exhibit Area Carpet

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

Complete Area Size _____ Ft. x _____ Ft. = _____ Sq. Ft. @	DISCOUNT RATE	STANDARD RATE	TOTAL
	\$2.05/Sq. Ft.	\$2.45/Sq. Ft.	

☐ Blue

☐ Grey

Please check color desired for standard carpet.

☐ Red

☐ Hunter Green

☐ Black

☐ Burgandy

☐ Teal

Custom Decorators Plush Carpet

Custom carpet is an upgrade 34oz. Carpet in 15 decorator colors. Minimum order is 300 Sq. Ft. Orders must be received in our office 4 weeks prior to show.

<input type="checkbox"/> Custom Carpet Size _____ Ft. x _____ Ft. = _____ Sq. Ft. @ \$2.75/Sq. Ft. = \$ _____

☐ Silver Grey
☐ French Beige
☐ Grey Pearl

☐ Berry
☐ Charcoal
☐ Burgundy

Check color desired for custom carpet (Samples available upon request).

☐ Emerald
☐ White
☐ Blue Mist

☐ Black
☐ Colony Blue
☐ Red

☐ Plum
☐ Peacock
☐ Cream,

Padding - Protective Plastic Covering - Tape

_____ 6 lb. Padding Area Size _____ Ft. x _____ Ft. _____ Sq. Ft. @ \$1.15/Sq. Ft. = \$ _____

_____ Plastic Area Size _____ Ft. x _____ Ft. _____ Sq. Ft. @ \$0.30/Sq. Ft. = \$ _____

Vacuuming / Shampoo

☐ DAILY VACUUM Carpet is vacuumed ONCE before initial opening of exhibit and DAILY thereafter.

☐ Per Day - Carpet Size _____ x _____ = _____ Total Sq. Ft. x \$0.30 per Sq. Ft. _____ x # of Days = Total \$ _____

☐ Over 1000 Sq. Ft. - Carpet Size _____ x _____ = _____ Total Sq. Ft. x \$0.25 per Sq. Ft. _____ x # of Days = Total \$ _____

☐ ONE TIME VACUUM-Carpet is vacuumed ONCE before initial opening of exhibit: Total Sq. Ft. _____ X \$0.35 per Sq. Ft. = Total \$ _____

There will be an additional charge for cleaning carpets that are subjected to excessive wear and such as wood shavings, food sampling, landscape, etc.

Name of Event: L&L Jan. 16-18 Louisville Ky. show

Booth # _____

Firm Name: _____

Phone: (____) _____

Address _____
(street) (City) (State) (Zip)

Fax: (____) _____

Subtotal \$ _____

**TRANSFER THIS AMOUNT TO
LINE A ON THE PAYMENT
INFORMATION PAGE**

Print/Type Name: _____ Signature: _____ Date: _____

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CHROME GRID WALL AND PANEL BOARD ORDER FORM

Form C

P.O. Box 21245 - Louisville, KY 40221
Ph. (502) 969-8588

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Color/Size Selection-

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TO INSURE AVAILABILITY ALL ORDERS ON ITEMS LISTED BELOW MUST BE RECEIVED 10 DAYS PRIOR TO SHOW DATE. ANY ORDERS AFTER THIS DATE WILL CARRY A %25 INCREASE, PER ITEM.

PLEASE INDICATE TYPE AND STYLE OF PANEL REQUIRED.

TYPE:

☐ Chrome Grid Wall

☐ Tackboard Panel

☐ Perforated board

☐ Velcro Panel

STYLE:

☐ H

☐ C**

☐ V

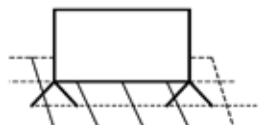
**Style "C" requires two 4' x 8' panels and one 2' x 8' panel per 10' of brickwall. Please indicate depth of side wings if desired.

2' DEEP

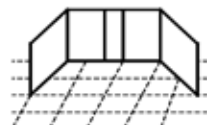
4' DEEP



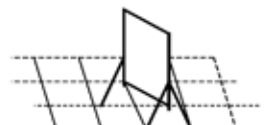
CHROME GRID WALLS ACCORDION STYLE
Using four 2' x 8' grid walls



STYLE "H" Horizontal



STYLE "C" Complete Coverage



STYLE "V" Vertical

CHROME GRID WALLS are available in 2' x 8' sections that can be linked together accordion style to for a free standing display.

QUANTITY	DESCRIPTION	DISCOUNT	STANDARD	TOTAL
_____	2' x 8' Chrome Grid Wall	\$35.00	\$50.00	_____
TACKBOARD OR VELCRO PANELS				
COLORS: <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> BLUE <input type="checkbox"/> RED				
QUANTITY	DESCRIPTION	DISCOUNT	STANDARD	TOTAL
_____	4' x 8' Tackboard Panel.....	\$90.00	\$117.00	_____
_____	2' x 8' Tackboard Panel.....	\$75.00	\$97.50	_____
_____	4' x 8' Velcro (loop fabric) Panel.....	\$125.00	\$156.50	_____
_____	2' x 8' Velcro (loop fabric) Panel.....	\$105.00	\$130.50	_____
PERFORATED BOARD				
COLOR: <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE <input type="checkbox"/> SINGLE FACE PANEL <input type="checkbox"/> DOUBLE FACE PANEL				
QUANTITY	DESCRIPTION	DISCOUNT	STANDARD	TOTAL
_____	4' x 8' Perforated Board Panel.....	\$75.00	\$97.50	_____
_____	2' x 8' Perforate Board Panel.....	\$60.00	\$78.00	_____

No credit will be given after close of event on items or services ordered but not received. If you have a problem, please see the Service Desk Personnel at the event site prior to opening.

Charges listed above include delivery to your booth, rental (not sale) during the event, and removal.

NOTE: NO EXHIBITOR MATERIAL CAN BE ATTACHED TO BOOTH DRAPERY, SUPPORTING METAL OR TABLE SKIRTING.

Subtotal \$ _____

**TRANSFER AMOUNT TO LINE D ON
PAYMENT INFORMATION PAGE**

Name of Event: L&L Jan 16-18 Louisville KY show Booth # _____ Firm Name: _____
Phone: (____) _____ Fax: (____) _____ Address _____
(street) (City) (State) (Zip)

Print/Type Name: _____ Signature: _____ Date: _____

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P.O. Box 21245 - Louisville, KY 40221
Ph. (502) 969-8588

DEADLINE FOR RETURN OF FORM: *Dec. 30, 2025*

Form E
**DISPLAY LABOR AND IN BOOTH
FORKLIFT SERVICE ORDER FORM**

Payment Policy -

Payment in full, including tax, must accompany order and be received by our office by deadline to qualify for discount rates. Please complete payment authorization form.

Cancellation Policy -

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VALID REFUNDS WILL BE ISSUED AFTER CLOSE OF SHOW

Late Request -

Requests after deadline will be filled as available at the standard rates.

Color/Size Selection-

Choices not indicated will be selected by AG Exhibitions, INC to coordinate with the show colors and size of exhibit.

PLAN A - Supervision by A.G. Exhibitions, INC

To save time and alleviate exhibitor supervision, PLAN A (supervised by A.G. Exhibitions) is provided so that exhibits may be installed prior to the exhibitor's arrival. All pertinent information should be directed to us, including blueprints, photographs, shipping information and set-up instructions. Professionally trained personnel are used on installation/dismantles, and where possible, all work is performed on straight time. Charge for supervised service is 30% with a minimum of \$25.00 of the total labor bill. Please provide an emergency contact telephone number (____)_____

Please indicate if in booth forklift/Operator is needed for installation of exhibit (not unloading):

ORDER	NUMBER OF MEN REQUIRED	EST. HRS (1 HR. INCRIMENTS) EACH MAN
Labor For Installation		
Labor For Dismantle		

1. Number of forklifts needed: _____
2. Date Needed: _____
3. Est. Starting Time: _____ AM / PM
4. Est. Finishing Time: _____ AM / PM
5. Comments: _____

PLAN B- Supervision by Exhibitor Personnel

Starting time can be guaranteed only in those instances where men are requested to start at the official setup time. While every attempt will be made to provide men at later times, their starting time must be approximate since men assigned to jobs at the start of the day can not gauge exact completion time of first job assignment. It is important that the exhibit representative check in at the service desk to pick up labor ordered. Exhibit representative must also check the labor back in at the service desk upon completion of work. All work will be done under supervision of the exhibitor representative.

Please indicate if in booth forklift/Operator is needed for installation of exhibit (not unloading):

ORDER	NUMBER OF MEN REQUIRED	EST. HRS (1 HR. INCRIMENTS) EACH MAN	START TIME	START DATE	# OF DAYS
Labor For Installation					
Labor For Dismantle					

1. Number of forklifts needed: _____
2. Date Needed: _____
3. Est. Starting Time: _____ AM / PM
4. Est. Finishing Time: _____ AM / PM
5. Comments: _____

Rates: Estimate Labor Services Cost for Advance Payment

Charges for labor service are based on prevailing rates of labor and materials. All labor before 8:00AM and after 5:00 PM weekdays and all hours Saturday, Sunday, and holidays will be charged at overtime rate. Minimum charge one (1) hour per man. Rates are as follow:

INSTALLATION

Number Of Men _____ x Number of hours per man _____ x Number of Days _____ = Total Straight Time Hours x \$35.00/Hr. = \$ _____
Number Of Men _____ x Number of hours per man _____ x Number of Days _____ = Total Overtime Hours x \$77.00/Hr. = \$ _____
Number Of Fork / Operators _____ x Number of hours per man _____ x Number of Days _____ = Total Straight Time Hours x \$69.00/Hr. = \$ _____
Number Of Fork / Operators _____ x Number of hours per man _____ x Number of Days _____ = Total Overtime Hours x \$108.00/Hr. = \$ _____

DISMANTLE

Number Of Men _____ x Number of hours per man _____ x Number of Days _____ = Total Straight Time Hours x \$35.00/Hr. = \$ _____
Number Of Men _____ x Number of hours per man _____ x Number of Days _____ = Total Overtime Hours x \$77.00/Hr. = \$ _____
Number Of Fork / Operators _____ x Number of hours per man _____ x Number of Days _____ = Total Straight Time Hours x \$69.00/Hr. = \$ _____
Number Of Fork / Operators _____ x Number of hours per man _____ x Number of Days _____ = Total Overtime Hours x \$108.00/Hr. = \$ _____

Add 30% if supervised by A.G. Exhibitions, INC. (\$25.00 min) = \$ _____

No credit will be given after close of event on items or services ordered but not received.

Subtotal \$ _____

If you have a problem, please see the A.G. Exhibitions Desk Personnel at the event site prior to opening. *TRANSFER AMOUNT TO LINE D ON PAYMENT INFORMATION PAGE**

Name of Event: L&L Jan. 16-18 Louisville Ky. show Booth # _____ Firm Name: _____
Phone: (____) _____ Fax: (____) _____ Address _____
(street) (City) (State) (Zip)

Print/Type Name: _____ **Signature:** _____ **Date:** _____

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IMPORTANT:

IT IS THE RESPONSIBILITY OF THE SHIPPER/EXHIBITOR TO PROPERLY LABEL ALL SHIPMENTS (AS SHOWN) **A.G. Exhibitions, INC.**

WE WILL NOT ACCEPT ANY SHIPMENTS WITHOUT ALL NECESSARY INFORMATION LISTED ON ALL LABELS.

P.O. Box 21245 - Louisville, KY 40221

Ph. (502) 969-8588

DEADLINE FOR RETURN OF FORM: *Dec 30, 2025*

A.G. Exhibitions, INC. must be advised (2) two weeks in advance of delivery date of any oversized freight (single pieces over 3,500 lbs. or odd shaped pieces) which will require unloading/reloading.

A.G. Exhibitions HAS BEEN SELECTED AS THE OFFICIAL DRAYAGE CONTRACTOR FOR THIS EVENT

INSTRUCTIONS

1. Mail this form with advance payment to above A.G. Exhibitions, INC. Address by above deadline.
2. All shipments must be prepaid. Collect shipments will not be accepted.
3. All advance to warehouse shipments must be targeted to arrive BETWEEN: *Jan 12*
4. All inbound shipments direct to event site must be targeted to arrive on or after: *Jan 14*
5. All charges for freight services in accordance with rate schedule below are due in advance.

Advance Receiving

Label each piece of your shipment(s) as follows:

TO:

**A.G. Exhibitions, INC.
638 Barret Ave.
Louisville, Ky. 40204**

FOR:

EXHIBIT BOOTH #

Direct to Event Site

Label each piece of your shipment(s) as follows:

TO:

**KICC c/o A.G. Exhibitions
2nd STREET Dock
221 South 4th St.
Louisville KY, 40202**

FOR:

EXHIBIT BOOTH #

Rate Schedule

RATES APPLY to each 100lbs. or fraction thereof and are based on the actual or estimated INBOUND weight. No allowance will be made for attachments during the event. Each shipment is considered separately. NO cumulative weights will be allowed on minimums, split shipments, free astray, etc. Charges are based on 100 lb. minimum per shipment.

SHIPMENTS OR EQUIPMENT REQUIRING SPECIAL HANDLING will be subject to a 50% surcharge in addition to the rates listed above. This classification shall be applied to, but not limited to, van shipments or shipments which are packed in such a manner as to require unloading by hand (i.e. loose display parts, uncrated equipment not delivered on a flatbed truck, etc). Material will be unloaded from vans, exhibitor's truck, or trucks of others. Delivered to the exhibitors booth, picked up at the close of the show, moved to the loading area and reloaded on trucks. It is incumbent on the exhibitor to provide written and accurate weight information on each shipment.

EXHIBITS TO BE STORED will be charged at a minimum monthly rate of \$12.00 cwt. per month or fraction thereof. No additional charge will be made for inbound shipments to advance warehouse when recieved 14 days prior to the show.

RATE SCHEDULE

1. Shipments recieved at advance warehouse, unloaded, stored up to 14 days, delivered to the unloading area of the exhibit facility, taken to the exhibitor's booth, empty packing cases removed to storage and returned to booth, shipments picked up at exhibitor's booth at the close of the event, moved to the unloading area and reloaded on truck. THIS SERVICE WILL BE PROVIDED FOR \$50.00 PER CWT. BOTH IN & OUT FREIGHT HANDLING.
2. Shipments as above but recieved at the exhibit facility. THIS SERVICE WILL BE PROVIDED FOR \$50.00 PER CWT, BOTH IN & OUT FREIGHT HANDLING.

Estimate Drayage Services Cost For Advance Payment

Enter total pounds below of all your shipments by rounding up each total shipment weight to the next nearest 100 pounds (i.e. One 253 lbs. Shipment of any number of pieces would be figured as 300 lbs., 518 lbs. of any number of pieces would be figured as 600 lbs., 795 lbs. as 800 lbs., etc). Any shipment with a total of less than 100 lbs. should be calculated at 100 lbs. minimum.

ADVANCE WAREHOUSE SHIPMENTS 100 LBS. MINIMUM

Total Combined Weight of ALL Shipments (rounded up) divided by 100 lbs. = _____ TTL cwt. X \$50.00 per cwt. = Cost \$_____

Special notice to Exhibitions: ABF is the preferred handler for the out. Any freight brought back to A.G. Exhibitions where house will be shipped out ABF. You are responsible to have your shipping company, if not ABF, to have your freight off show floor at close of show.

****Transfer total to Line G on the Payment Information Page****

Total \$ _____

Name of Event: L&L Jan 16-18 Louisville KY show Booth # _____ Firm Name: _____

Phone: (____) _____ Fax: (____) _____ Address _____
(street) (City) (State) (Zip)

Print/Type Name: _____ Signature: _____ Date: _____

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INBOUND SHIPMENT FORM

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Color/Size Selection-

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INBOUND SHIPMENT - FOR EVENT

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Shipper _____
From (City / State) _____
Carrier _____
Total # of pieces _____

Date Shipped _____
Estimated Arrival Date _____
Pro # _____
Total Weight _____

CHECK ONE: ☐ to advance Receiving Warehouse

☐ direct to Show Site

OUTBOUND

Shipper _____
From (City / State) _____
Carrier _____
Total # of pieces _____

Date Shipped _____
Estimated Arrival Date _____
Pro # _____
Total Weight _____

CHECK ONE: ☐ to advance Receiving Warehouse

☐ direct to Show Site

EXPLANATION OF DRAYAGE

When you pay A.G. Exhibitions for drayage, you are paying A.G. Exhibitions to handle your freight from your shipping company to your booth, and back to your shipping company after the show. You are allowed to use any shipping company of your choice. But you must make all the shipping arrangements and notify A.G. Exhibitions which company will drop off your freight, and which company will handle your freight after the show. Any freight left on the show floor after move out time becomes A.G. Exhibitions responsibility. This freight will be shipped through, at their rates and billed to you, **ABF** unless prior arrangements have been made with A.G. Exhibitions.

Name of Event: L&L Jan 16-18 Louisville KY show Booth # _____ Firm Name: _____
Phone: (____) _____ Fax: (____) _____ Address _____
(street) (City) (State) (Zip)
Print/Type Name: _____ Signature: _____ Date: _____

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P.O. Box 21245 - Louisville, KY 40221

Ph. (502) 969-8588

email: andy@agxofky.com

PAYMENT INFORMATION FORM

DEADLINE FOR RETURN OF FORM: Dec. 30, 2025

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Services and Equipment Ordered

* NOTE: ONLY COMPLETE INFORMATION ASSOCIATED WITH ENCLOSED FORMS*

A) Furniture Rental Order Form _____ \$ _____

B) Carpet Rental Order Form _____ \$ _____

C) Chrome Grid Wall and Panel Board Order Form _____ \$ _____

D) Hanging Sign Information _____ Non Taxable \$ _____

E) Display Labor In Booth Forklift Service Order Form _____ Non Taxable \$ _____

F) Special Furniture _____ \$ _____

G) Freight _____ Non Taxable \$ _____

NOTE: ALL SALES/RENTALS ARE SUBJECT TO KENTUCKY SALES TAX
IF EXEMPT FROM SALES/USE TAX WITHIN THE STATE OF KENTUCKY
WE MUST HAVE A COPY OF YOUR CERTIFICATE OF EXEMPTION FORM
FOR OUR FILES OR YOU MUST PAY APPLICABLE TAX.

Subtotal: _____
6.00% State Sales Tax: _____
Non-Taxable Total: _____

TOTAL: _____

Payment By Check

PLEASE MAKE CHECK TO:
A.G. Exhibitions

Please Complete The Following:

Check Number _____ Dated _____ In Amount Of \$ _____

NOTE: All checks are deposited upon receipt. Do not post date. There is a \$35.00 for all checks returned by bank.

Payment By Credit Card

Please complete ALL information. Note: All charges are processed thru our Louisville, Ky office.

Card Member Name: _____

Card Type: ☐ VISA ☐ MASTERCARD ☐ AMEX

Account Number:

Expiration Date: Signature: _____

**NOTE: PLEASE INCLUDE
THE ID NUMBER AS
SHOWN ON THE BACK
OF CARD**

NOTE: ORDERS RECEIVED WITHOUT PAYMENT, IN FULL (TAX INCLUDED) WILL NOT BE PROCESSED AND WILL NOT BE ENTITLED TO ADVANCE DISCOUNT RATE

Name of Event: L&L Jan. 16-18 Louisville Ky. show Booth # _____ Firm Name: _____

Phone: (____) _____ Fax: (____) _____

Print/Type Name: _____ Signature: _____ Date: _____

Address (Street, City, State, Zip): _____

Date Received: _____ Invoice # _____ Check # _____ Amount: _____

*****THIS FORM MUST BE COMPLETELY FILLED OUT AND RETURNED FOR YOUR ORDER TO BE PROCESSED*****

*****PLEASE KEEP A COPY FOR YOUR RECORDS, AS WE DO NOT SEND CONFIRMATION OF ORDERS!*****