

Method Of Payment Form

NAME OF SHOW: _____

COMPANY NAME: _____ BOOTH: _____

ADDRESS: _____

PHONE #: _____ EXT: _____ FAX #: _____ E-MAIL: _____

Ensure all payments are received prior to the event

___ **COMPANY CHECK**

Please make check payable to: AEM Logistics. Checks must be in U.S. funds drawn on a U.S. or Canadian bank. ("**U.S. FUNDS**" MUST BE PRE-PRINTED on Canadian checks.)

___ **CREDIT CARD**

For your convenience, we will use this authorization to charge your credit card account for your credit account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative.

(VISA and MASTERCARD are only accepted)

___ **BANK TRANSFER**

Royal Bank of Canada, 610 St. Jean Blvd., Pointe Claire QC.,
Canada, H9R 3K2 3 Institution number: # 003 3 Transit: # 07191
Account # 07191-4001921 - ABA # 021000021

BIC/SWIFT* ROYCCAT2

Recipient: AEM Logistics Inc. (514) 695 1331

Please reference Name of Show and company name on all Bank Transfers so we may properly credit your account. Note: Customers are responsible for any bank processing fees.

MASTERCARD

VISA

Account No: _____ Exp. Date: _____

Cardholder Name: (Print) _____ Signature: _____

Cardholder Billing Address: _____

City/State/Zip: _____

Total =