



Exhibit Space Application and Contract

MAIL CHECKS TO

Jacksonville Auto Dealers Association, Inc.
 ATTN: Nancy Toman
 PO Box 1066, St. Augustine, FL 32085-1066

Email contract to

Email: Evelyn@cfada.org

COST PER SF	TOTAL			
Carpet & Cleaning Included	BOOTH	FEE	QTY	TOTAL
Final Balance due by January 6, 2024.	<input type="checkbox"/> 10x10 Corner Booth	\$1,700		
FULL PAYMENT IS REQUIRED FOR APPLICATIONS RECEIVED AFTER DECEMBER 23, 2024.	<input type="checkbox"/> 10x10 Booth	\$1,200		
No refunds will be given for booth space cancellations. Booth fees must be paid in full prior to Move-In.	<input type="checkbox"/> 10x20 Booth (no vehicle)	\$2,400		
	<input type="checkbox"/> 10x30 Booth (single vehicle)	\$3,600		
	<input type="checkbox"/> 20x20 Corner Booth +\$500	\$5,300		
	<input type="checkbox"/> 20x20 Booth	\$4,800		
	<input type="checkbox"/> x Custom Booth			
	Credit Card fee 3%	_____		
	TOTAL DUE \$	_____		

Subleasing of space is not permitted.

All sales and demonstrations must take place within the rental area. State Tax Permit EIN# _____
 Required by FL State Dept. of Revenue

Exhibitor warrants and represents that any items sold or displayed within exhibit space do not infringe upon the intellectual property rights of any third party. In the event Exhibitor breaches any warranty or representation, JADA/ JIAS may terminate this Order Form, remove Exhibitor from the show, and Exhibitor shall indemnify, defend and hold harmless JADA/ JIAS. The management of the 2024-Model Jacksonville International Auto Show reserves the right to: decline any request for space; apply a surcharge or evict an exhibitor for any deviation from information provided as part of the above regulations; modify or limit the type of goods or services in booth. ©2024 Jacksonville International Auto Shows. All rights reserved.

VENDOR INFORMATION

Company _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Fax _____ E-mail _____
 Authorized by _____ Title _____
 Signature _____ Date _____

CREDIT CARD INFORMATION

Card Type: MasterCard Visa American Express Discover
 Expiration Date: _____ 3- or 4-Digit Security Code _____
 Card Number _____
 Company Name _____
 Full Name on Card _____ Cardholder Phone _____
 Cardholder's Address _____
 Cardholder Signature _____