

VENDOR INFORMATION FOR PACKAGES SHIPMENT

Please be aware that there are fees associated with the receipt and shipment of boxes through the hotel. Handling fees are charged at \$10.00 per package under 50 pounds and \$20.00 per package under 150 pounds. Pallets are charged at \$150.00 each.

Please ship packages to arrive NO EARLIER THAN FRIDAY, NOVEMBER 2, 2018

Shipping address is:

Your Company Name
c/o CarolinasUnite Conference
Kingston Resorts
9800 Queensway Blvd
Myrtle Beach SC 29572

Please fill out the following information, as well as the attached credit card authorization form with signature and fax back the two pages to the Events Department at 843-497-1219.

Conference Name: CarolinasUnite Animal Welfare Professionals Conference

Company: _____

On-site Vendor Name: _____

On-site Vendor Cell #: _____

Expected Package Arrival Date: NOVEMBER 2,2018

of Boxes: _____

Weight of Boxes: _____

Total Cost: \$ _____



KINGSTON PLANTATION

Credit Card Payment Authorization Form for Drayage re: CarolinasUnite

Please complete all areas below. Incomplete requests may be rejected. This form must be received at least 5 business days prior to the Check-In, or by specified date in Event Contract, to ensure acceptance of the credit card to be charged.

FAX COMPLETED FORM TO: 843.497.1219

ATTN: Catering Department

HOTEL USE ONLY:

Date: _____

Group Name:	CarolinasUnite Animal Welfare Professionals Conference		
Event Date:	November 5, 2018		
Name of Person/Group Making Reservation:			Phone: _____
Authorized Amount:	Approval Code:	Date: _____	

CARDHOLDER - Please complete the following section and sign/date below.

Cardholder Name as it Appears on Credit Card: _____				
Cardholder Billing Address: _____				
City: _____	State: _____	Zip: _____		
Daytime /Business Telephone: _____			Evening Telephone: _____	
Credit Card Number: _____			Expiration Date: _____	
Credit Card Type: (Circle one)				
Visa/MasterCard	American Express	Discover	JCB	Diners Club
Credit Card Issuing Bank Name: _____			Bank Phone Number (from back of your credit card): _____	
I agree to cover the following categories of charges: (Please circle)				
Charges	Room & Tax	Food & Beverage	Retail	Recreation All
I agree to cover the above categories of charges up to a Maximum Amount of \$ _____				
DIRECT BILL ACCOUNT PAYMENTS ONLY:				
Name on Invoice/Statement _____			Date on Invoice/Statement _____	
Invoice/Statement Number _____			Authorized	Amount
\$ _____				

Note: Charges for room and tax, group deposits or direct bill account payments will be charged to your credit card immediately. Any incidental charges circled above will be charged at the time of check-out.

Amount to be immediately charged to credit card for an advance deposit or payment:

\$

Final Balance Billed to Credit Card (hotel use only): \$ _____

By signing below, you authorize the hotel to charge your credit card immediately for the amount indicated above up to the "Maximum Amount" indicated above. You further acknowledge that if "all charges" has been selected, then all guest/group related charges (less Deposit) will be charged to the above card number at the time of check-out or event conclusion.

Cardholder Signature: _____

Date: _____