



KENTUCKY EXPOSITION CENTER
METHOD OF PAYMENT FORM



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Event Name MID-AMERICA TRUCKING SHOW Event Date(s) MARCH 21-23, 2024

Company Name _____ Booth Number _____

Contact Person _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (required) _____ Email (required) _____

PLEASE REMIT THIS FORM TO THE ADDRESS BELOW

Kentucky Exposition Center
 ATTN: Finance Dept.
 PO Box 37130
 Louisville, KY 40233

WIRE TRANSFER

ACH TRANSFER CHECK

Wire Info: 042 000314
 Swift# FTBC US 3C

Kentucky State Fair Board
 Fifth Third Bank
 401 South Fourth Street
 Louisville, KY 40202
 (502) 562-5215
 ABA# 083 002342
 ACCT: 0082195031

Authorized Signature _____ Date _____

For information regarding our payment procedures, please call (502) 367-5227.