

EXHIBIT 4

2014 MED TRADE



Payment and Credit Card Charge Authorization

G-2

Credit Card Authorization: Global Experience Specialists, Inc. (GES) • 7000 Lindell Road, Las Vegas, NV 89118-4702 • Fax: 866.329.1437 or 702.263.1520 for international exhibitors
Check Payments: Global Experience Specialists, Inc. (GES) • Bank of America P.O. Box 96174, Chicago, IL 60693

All orders are governed by the GES Payment Policy and GES Terms & Conditions of Contract as specified in this Exhibitor Services Manual.

Medtrade Spring
Mandalay Bay Convention Center, Bayside C
March 11 - 12, 2014

Form Deadline Date:
February 21, 2014

MANDATORY FORM*

COMPANY NAME JHC Electric Transport	EMAIL ADDRESS RAA	BOOTH NUMBER
STREET ADDRESS 15855 N. Greenway Hayden Loop, Ste. 95, Scottsdale AZ	CITY Scottsdale	STATE AZ
PHONE Scott Rubin	FAX	COUNTRY 85260
BOOTH PRIMARY CONTACT NAME AND PHONE NUMBER		PURCHASE ORDER NUMBER
SHOWSITE CONTACT NAME AND PHONE NUMBER Andi Barnes		

Payment Policy

Payment for Services — GES requires payment in full at the time services are ordered. Further, GES requires that you provide a credit card authorization with your initial order. For your convenience, we will use this authorization to charge your account for services, which may include labor, material handling, or any applicable fuel or energy surcharge.

Discount Prices — To qualify for discount pricing, orders must be received with payment on or before the discount price deadline(s).

Method of Payment — GES accepts MasterCard, Visa, American Express, check and bank wire transfer. Purchase orders are not considered payment. All payments must be made in U.S. funds drawn on a U.S. Bank. Exhibitors will be charged a \$50.00 fee for returned NSF checks.

Third Party Billing — Each exhibiting firm is ultimately responsible for all charges incurred on its behalf. GES reserves the right to institute collection action against the exhibitor if the authorized third party does not pay. See *Third Party Billing Request* form.

Tax Exempt — If you are tax exempt in the state in which you will be exhibiting, you must provide a Sales Tax Exemption Certificate for that state. Please send the above information to the GES office for this show. Taxes vary by location and will be added to your invoice, if you do not submit your tax exempt certificate prior to the deadline.

Adjustments and Cancellations — No adjustments to invoices will be made after the close of the show. Please refer to the individual forms for labor, etc., for cancellation fees. All orders cancelled by the Exhibitor or due to the cancellation of an event or their non-participation may be subject to cancellation fees equal to 50% - 100% of the total order, based upon the status of move-in, work performed and/or GES set-up costs or expenses. A minimum non-refundable deposit of \$25.00 will be applied towards the invoice, unless there is a cancellation of your order. Additionally, GES retains the right to implement/assess a fuel or energy surcharge on all services as necessary based upon market conditions.

Bank wire transfer payment information:

Beneficiary: Global Experience Specialists
c/o Bank of America
901 Main Street, TX1-492-07-14
Dallas, TX 75202-3714 USA
Telephone # 888-715-1000 ext 50118

Account #: [REDACTED]
ABA Routing #: [REDACTED]
SWIFT Address: [REDACTED]
CHIPS Address: [REDACTED]

If requested, following is the physical address for routing identifiers:
Bank of America, Wire Transfer-Customer Services
2000 Clayton Road, Concord, CA 94520 USA

To properly credit your account, send the following information to the GES address listed on the order forms:

- exhibiting company name, show name, show facility, and booth number
- date and amount of wire transfer
- bank and country where transfer originated

- If you have any questions regarding our payment policy, please call GES National Servicercenter® at 800.475.2098 or visit the GES Servicercenter® at the show.
- Please complete the information and return payment in full with this form and your orders. You may choose to pay by credit card, check, or bank wire transfer, however, we require your credit card charge authorization to be on file with GES.
- All balances must be paid at the conclusion of the event. You agree to late fees up to 1.5% per month on any balance not paid at the conclusion of the event, or balance left without appropriate credit card on file.
- For your convenience, we will use this authorization to charge your credit card for any additional amounts ordered by your representative or services rendered to your company for this event.
- GES will charge a convenience fee for each request to reprocess payment to an alternate credit card in order to cover incremental processing costs. An alternate credit card is a credit card different than the one used to process your initial payment in accordance with GES payment policy. The convenience fee will be quoted at the time your request is made to reprocess payment. The convenience fee will be added to your account balance and settled utilizing the new credit card provided.

GES requires the highest standards of integrity from all employees. Please call our confidential Always Honest hotline at 866.225.8230 to report fraudulent or unethical behavior.

*This form must be returned to GES for your orders to be processed.

Credit Card Charge Authorization

All information must be provided. Your order will not be processed if any information is missing. (i.e., Expiration Date, Account Number, Contact Information, Type of Card, Signature) We require your credit card charge authorization to be on file with GES even if you are paying by check or bank wire transfer.

Account Number	<input checked="" type="checkbox"/> Corporate Card	<input type="checkbox"/> Personal Card	
PROVIDE EXPIRATION DATE	EXPIRATION DATE	<input type="checkbox"/> MasterCard	*Signature Required Below
		<input checked="" type="checkbox"/> VISA	
		<input type="checkbox"/> American Express	
CARDHOLDER'S NAME	PLEASE PRINT		
CARDHOLDER'S BILLING ADDRESS	CITY		
STATE	ZIP	COUNTRY	

Calculation of Orders	TOTAL
Material Handling	\$ 700
Carpet	\$
Furniture & Accessories	\$
Specialty Furniture	\$
Standard Exhibit Systems	\$
Graphics & Signage	\$
Installation & Dismantling Labor	\$
In-Booth Forklift & Labor	\$
Hanging Sign Labor	\$
Other GES Services (Specify)	\$
Other GES Services (Specify)	\$
Other GES Services (Specify)	\$
FULL PAYMENT in U.S. funds drawn on a U.S. Bank Global Experience Specialists Federal ID #69-1008883 GES is exempt from backup withholding tax.	\$ 700

To simplify payment, send a check payable to Global Experience Specialists for your entire order or note the amount to be charged to your credit card.

Charge my credit card in the amount of: \$ 700
Enclosed is a check in the amount of: \$

Check Number: [] Dated: []

Please note payment return addresses at top of form.

I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract. *Credit card charge authorization signature required below.

PLEASE SIGN **X** [REDACTED]
AUTHORIZED SIGNATURE / CARDHOLDER'S SIGNATURE
[REDACTED]
AUTHORIZED NAME - PLEASE PRINT DATE

Need Assistance?

Toll Free: 800.475.2098 | Tel: 702.515.5970 | www.ges.com/chat

2015 MED TRADE

Print | Close Window

Subject: Fwd: 2015 Medtrade Invoice

From: Andi Barness [REDACTED]

Date: Tue, Apr 11, 2017 11:05 am

To: Scott [REDACTED]

Andi Barness [REDACTED]

EW-27 Video

<https://www.youtube.com/watch?v=hW6nfl8A4lw>

EW-36 Video

https://www.youtube.com/watch?v=hcky7G_5mDo

EW-18 Video

<https://www.youtube.com/watch?v=POnmy4benBs>

EW-72 Video

<https://www.youtube.com/watch?v=O53yUa9QguA>

EW-54 Video

https://www.youtube.com/watch?v=Jn6iPB__v7s&feature=youtu.be

EWheels Packaging Video

<https://www.youtube.com/watch?v=c5v1VkvVLM4&feature=youtu.be>

High Rez Link - <https://spaces.hightail.com/space/WNZIt>

Low Rez Link - <https://spaces.hightail.com/space/VvPYW>

Begin forwarded message:

From: [REDACTED]

Subject: Fwd: 2015 Medtrade Invoice

Date: May 27, 2015 at 11:27:06 AM MST

To: Rola Mrad [REDACTED]

Sent from my iPhone

Begin forwarded message:

From: "2015 Medtrade Manager" [REDACTED]

Date: May 27, 2015 at 11:12:17 AM MST

To: [REDACTED]

Subject: 2015 medtrade invoice



<p>Ewheels Andi Barness 15855 N. Greenway Hayden Loop Ste. 195 Scottsdale, Arizona 85260 United States</p> <p>Customer Number: 720056</p> <p>Sold to Company Name: Ewheels</p>	<p>Invoice Date: 05/27/2015 Invoice Number: 720056-1099</p> <p>2015</p> <p>2015 Medtrade Georgia World Congress Center Atlanta, GA October 27-29, 2015 Emerald Expo Tax ID: [REDACTED]</p>
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2015 MED TRADE

Booth Information

<u>Booth Number</u>	<u>Size (in Feet)</u>	<u>Total Sq. Ft.</u>	<u>Rate/Sq. Ft.</u>	<u>Rate Plan</u>
2325	10.00 x 30.00	300.00	\$32.99	Booth - Reward Price (100-1200 Sq. Ft.)

Booth Number 2015

Financial Summary

<u>Orders Date</u>	<u>Order Details</u>	<u>Item</u>	<u>Quantity</u>	<u>Amount</u>
10/23/2014	BOOTH 2325	Booth - Reward Price (100-1200 Sq. Ft.)	300.00	\$9,897.00
10/23/2014	EB Corner Premium - 1	EB Corner Premium - 1	1.00	\$300.00
10/23/2014	Online - Enhanced Marketing Fee	Online - Enhanced Marketing Fee	1.00	\$99.00
TOTAL				\$10,296.00

<u>Payments Date</u>	<u>Method</u>	<u>Number</u>	<u>Amount</u>
10/23/2014	Online Credit Card	EXYPC65EBF66-111111	\$1,029.60
TOTAL			\$1,029.60

Balance: \$9,266.40

<u>Due Date</u>	<u>Amount</u>
05/15/2015	\$9,266.40 (Due Now)

Payment Information

Re: Invoice Number 720056-1099

If paying by wire please remit to:

Emerald Expositions, LLC. (Attn: Medtrade)
 Bank of America
 600 Anton Blvd, Suite 150
 Costa Mesa CA 92626
 Routing # [REDACTED]
 Acct # [REDACTED]
 SWIFT C [REDACTED]

If paying by check please remit to:

Emerald Expositions, LLC.
 Attn: Medtrade
 32728 Collection Center Drive
 Chicago, IL 60693-0327

To pay by credit card please [click here](#).

If you need assistance making a payment please contact Lori Rubino at 949-226-5706 or via email at [REDACTED]

If you need assistance with billing please contact Lillian Hinson at 770-291-5401 or via email at [REDACTED]

2016 MED TRADE



<p>Ewheels Andi Barness 15855 N. Greenway Hayden Loop Ste. 195 Scottsdale, Arizona 85260 United States</p> <p>Customer Number: 720056</p> <p>Sold to Company Name: Ewheels</p>	<p>Invoice Date: 02/16/2016 Invoice Number: 720056-1152</p> <p>2016 Medtrade Georgia World Congress Center Atlanta, GA November 1-3, 2016 Emerald Expo Tax ID [REDACTED]</p>
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Booth Information

Booth Number	Size (in Feet)	Total Sq. Ft.	Rate/Sq. Ft.	Rate Plan
720	10.00 x 40.00	400.00	\$32.99	Booth - Reward Price

Financial Summary				
Orders				
Date	Order Details	Item	Quantity	Amount
10/28/2015	BOOTH 720	Booth - Reward Price	400.00	\$13,196.00
10/28/2015	EB Corner Premium - 1	EB Corner Premium - 1	1.00	\$300.00
10/28/2015	Online - Enhanced Marketing Fee	Online - Enhanced Marketing Fee	1.00	\$99.00
TOTAL				\$13,595.00
Payments				
Date	Method	Number		Amount
10/28/2015	Online Credit Card	BQ0PCA2C061E-111111		\$250.00
02/10/2016	Online Credit Card	BR0PD003E382-111111		\$300.00
02/10/2016	Online Credit Card	BT0PE1563698-111111		\$2,000.00
02/10/2016	Online Credit Card	BR0PD003E613-111111		\$2,000.00
02/10/2016	Online Credit Card	BS0PDF59D28F-111111		\$1,000.00
02/10/2016	Online Credit Card	BQ0PCFC7B8C2-111111		\$297.00
TOTAL				\$5,847.00
				Balance: \$7,748.00
Due Date				Amount
12/18/2015				\$1,000.00 (Due Now)
05/13/2016				\$6,748.00

2017 MBO 7NA08



2017 Exhibit Space Contract
Mandalay Bay • Las Vegas, NV • February 28 - March 1, 2017

Customer EOES#: _____
Contracted Space in 2016: _____

EXHIBITOR INFORMATION (note: the company name as listed below will be used for your booth sign, website listing and badges.)

Company: Ewheels Mailing Address: 850 E. Cwey Lane
 Contact: Scott Keubin ste. 125
 Title: Manager City: Phoenix
 Phone: [Redacted] State/Zip: AZ 85024
 Fax: [Redacted] Country: USA
 Email Address: [Redacted] Website: www.ewheelsdealers.com

STEP 1: BOOTH DETAILS # 1012

Inline (0 corners) Aisle (1 corner) Peninsula (2 corners) Island (4 corners)

STEP 2: EXHIBIT SPACE RATES

\$33.79/sq ft
Corner charge = **\$375/corner**

STEP 3: PAYMENT SCHEDULE

- 50% of total invoice due upon receipt
- Remaining 50% of invoice due October 7, 2016

10 ft x 20 ft = 200 Total Sq Ft
 Price per sq ft = \$33.79 x 200 Sq Ft = \$ 6758.00
 + Corner Fee \$ 1 x 375 # corners = \$ 375.00
 + Enhanced Marketing Fee \$ 99.00
 = Total Amount Due = \$ 7232.00

Exhibit Space Agreement

The undersigned ("Exhibitor"), as a duly authorized representative, enters into an agreement with Emerald Expositions to rent exhibit space at the above designated 2017 Medtrade Spring Show. Space will be assigned by Emerald Expositions at its sole discretion and may be changed for the benefit of the exposition. Exhibitor agrees to abide by official Exhibitor Rules & Regulations and has received the booth space terms and conditions. Exhibitor agrees to pay 50% of balance due upon receipt. Final balance due for booth cost is due October 7, 2016. If Exhibitor desires to cancel all or part of the exhibit space on or before October 7, 2016 it must do so in writing by certified mail to Emerald Expositions and Exhibitor will be charged 50% of its total cancelled exhibit space cost. Should an Exhibitor cancel after October 7, 2016, 100% of exhibit space cost is due. If Exhibitor defaults in payment, Exhibitor is liable to Emerald Expositions for collection costs, including reasonable attorney's fees. Emerald Expositions reserves the right to accept or reject exhibitor space applications and to cancel any previously accepted exhibitor space applications or contracts, at any time in its sole discretion, for any reason, or no reason, without liability to Exhibitor or any other party. This contract is not valid until it is fully executed by an authorized representative for Exhibitor and Emerald Expositions.

We understand and agree that this application for Exhibit Space becomes a binding contract when accepted in writing by Emerald Expositions, the show organizer, and we hereby agree that the attached Terms and Conditions are enforceable and are incorporated into and control this Exhibit Space Contract, once it is accepted by Emerald Expositions. We further agree that any terms and conditions associated with any purchase order we may submit in order to process payment for this Exhibit Space Contract are of no force or effect, regardless of the express language of the purchase order we submit. Exhibitor represents and warrants that the party executing this Agreement on behalf of Exhibitor is duly authorized to act on behalf of Exhibitor and to execute this Agreement and legally bind Exhibitor to the terms contained herein.

Signature Required > Agreed to by [Redacted] Date 1/12/16
 Exhibitor Print Name [Redacted] Date 1/12/16
 Emerald Expositions Signature [Redacted]

PAYMENT INSTRUCTIONS:

Please complete, sign and fax this agreement to your designated Sales Representative listed below. An original, signed copy must also be mailed to: Medtrade Spring 2017, Emerald Expositions, 1145 Sanctuary Parkway, Suite 355, Alpharetta, GA 30009

If you wish to pay the balance by cash or check, Medtrade must receive the full installment booth balance prior to each installment due date. If cash or check is not received, your credit card on file will be automatically charged the installment booth balance. Payment must be received within 10 days of signing this contract.

PAYING BY CREDIT CARD

Medtrade Spring will send you an invoice via e-mail with a link to your online account. There you can access your invoice and pay by credit card.

PAYING BY CHECK: Make checks payable to "Medtrade Spring."

If paying by check please remit to:
 Medtrade Spring
 Emerald Expositions, LLC
 32728 Collection Center Drive
 Chicago, IL 60693-0327

PAYING BY WIRE OR ACH:

If paying by wire please remit to:
 Emerald Expositions, LLC
 Attn: Medtrade Spring
 Bank of America
 2701 Harbor Blvd
 Costa Mesa, CA 92626
 Routing #: [Redacted]
 Account #: [Redacted]
 Swift Code: [Redacted]

ACH Instructions:
 Emerald Expositions, LLC
 Attn: Medtrade Spring
 Bank of America
 2701 Harbor Blvd
 Costa Mesa, CA 92626
 ACH Return: [Redacted]
 Acct#: [Redacted]

INSTRUCTIONS: Please complete, sign and fax this agreement to your designated Sales Representative listed below. An original, signed copy must also be mailed to: Medtrade Spring 2017, Emerald Expositions, 1145 Sanctuary Parkway, Suite 355, Alpharetta, GA 30009

A-H, #
 DONNA MCKERROW
 770-777-8698

I-Z
 DENA PICKARD
 770-777-8699