

**This form MUST BE COMPLETED BY THE EXHIBITING COMPANY and returned to [customerservice@theexpogroup.com](mailto:customerservice@theexpogroup.com) if orders or payments are to be made to THE EXPO GROUP by a party other than the EXHIBITING COMPANY.**

Exhibiting Company: \_\_\_\_\_ Booth Number: \_\_\_\_\_

### Third Party Information:

Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Website: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Third Party Payment Policy

- The payment record of the Third Party must be acceptable to The Expo Group.
- Form is completed and signed by both parties and returned to The Expo Group at least 14 days prior to show move-in.
- The exhibiting firm is ultimately responsible for payment of all charges by show conclusion.
- **All billing discrepancies must be resolved with The Expo Group within 30 days of the close of the show.**

### Services to be Invoiced to Third Party

All The Expo Group Services     Furniture/Carpet     Forklift Labor     Booth Labor

Suspended Sign Labor     Booth Cleaning     Material Handling

Other: \_\_\_\_\_

### Card Type

Visa®     MasterCard®     American Express     Discover®     Debit Card

### Credit Card Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Expiration Date

### CVV Code

\_\_\_\_\_  
\_\_\_\_\_

CARDHOLDER'S NAME (PLEASE PRINT)

BILLING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE SIGN** X \_\_\_\_\_

### Acknowledgement by Exhibiting Company

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges incurred. In the event Third Party named above does not make payment, such charges will be presented to the exhibiting firm, and the exhibiting firm will make payment to The Expo Group prior to the close of the show. (Authorized Firms Representative's signature required below.)

**PLEASE SIGN** X \_\_\_\_\_