



3rd Party Billing Request

RETURN TO: GES Exposition Services • 7050 Lindell Road, Las Vegas, NV 89118 • FAX: 866.329.1437 or 702.263.1520 for international exhibitors
Contact us Online: www.ges.com/contact Phone: 800.475.2098 or 702.515.5970 for international exhibitors

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



The ASI Show! Chicago
McCormick Place • July 23 - 24, 2008

FORM DEADLINE DATE:
July 7, 2008

COMPANY NAME	EMAIL ADDRESS	BOOTH NUMBER
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You may arrange for a third party to handle your display and be billed for services. GES will agree to this arrangement if the third party has a satisfactory payment record with us. **Both Firms** must complete this form, including **Third Party Credit Card Charge Authorization below**. Return form by the deadline date. **GES reserves the right to deny any Third Party Billing Request that is not complete or received by the deadline date.**

It is understood and agreed that the exhibiting firm is ultimately responsible for payment of charges. If your named third party does not pay the invoice before the last day of the show, charges will revert to you, the exhibiting firm. All invoices are due and payable upon receipt. GES Terms & Conditions of Contract apply to both the Exhibiting Firm and Third Party Representative.

Exhibiting Firm			
EXHIBITING FIRM			
STREET ADDRESS			
CITY	STATE	ZIP	
PHONE	FAX		

The items checked below are to be invoiced to the Exhibiting Firm:

- I & D Labor
 - Signs
 - Transportation Charges
 - Material Handling In & Out
 - Other (Please Specify) _____
- Booth Cleaning
 - Rental Furniture

Third Party			
EXHIBITING FIRM			
STREET ADDRESS			
CITY	STATE	ZIP	
PHONE	FAX		

The items checked below are to be invoiced to the Third Party:

- All Services
 - I & D Labor
 - Signs
 - Transportation Charges
 - Material Handling In & Out
 - Other (Please Specify) _____
- Booth Cleaning
 - Rental Furniture

I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract.

PLEASE SIGN _____
AUTHORIZED SIGNATURE

AUTHORIZED NAME - PLEASE PRINT

DATE

I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract.

PLEASE SIGN _____
AUTHORIZED SIGNATURE

AUTHORIZED NAME - PLEASE PRINT

DATE

Exhibiting Firm 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, and 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 Corporate Card Personal Card

_____-_____-_____-_____

PROVIDE EXPIRATION DATE MasterCard American Express

EXPIRATION DATE _____ VISA Diners Club

Discover

CARDHOLDER'S NAME _____ PLEASE PRINT

CARDHOLDER'S BILLING ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTRY _____

PLEASE SIGN _____
CARDHOLDER'S SIGNATURE

DATE

Third Party Credit Card Charge Authorization

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Account Number Corporate Card Personal Card

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PROVIDE EXPIRATION DATE MasterCard American Express

EXPIRATION DATE _____ VISA Diners Club

Discover

CARDHOLDER'S NAME _____ PLEASE PRINT

CARDHOLDER'S BILLING ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTRY _____

PLEASE SIGN _____
CARDHOLDER'S SIGNATURE

DATE

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