

THIRD PARTY BILLING REQUEST **SAMPLE**

<<SHOW NAME>>
 <<SHOW LOCATION>>
 Halls B/C
 <<SHOW DATE>>

Discount Deadline Date
 <<DATE>>
 All orders are governed by the
 NCS Payment Policy and the
 Limits of Liability and Responsibility



www.ncsevents.com

RETURN TO: NATIONAL CONVENTION SERVICES 145 WEST 30TH STREET NEW YORK, NY 10001 PHONE: 212-947-8255 FAX 212-947-8006



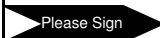
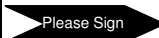
COMPANY EMAIL ADDRESS BOOTH NUMBER

AUTHORIZED CONTACT SIGNATURE AUTHORIZED CONTACT-PLEASE PRINT DATE

X

You may arrange for a third party to handle your display and be billed for services. NCS 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**. This form must be returned by the discount deadline date <<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.

| Exhibiting Firm | Third Party |
|--|--|
| Exhibiting Firm | Exhibiting Firm |
| Address | Address |
| City State Zip | City State Zip |
| Phone Fax | Phone Fax |
| Authorized Signature | Authorized Signature |
| Authorized Name (Print) | Authorized Name (Print) |
| Credit Card Charge Authorization (Information Must Be Provided)  Expiration Date <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Corporate <input type="checkbox"/> Personal Account Number | Credit Card Charge Authorization (Information Must be Provided)  Expiration Date <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Corporate <input type="checkbox"/> Person Account Number |
| Cardholder's Name Please Print | Cardholder's Name Please Print |
| Cardholder's Billing Address City | Cardholder's Billing Address City |
| State Zip Country | State Zip Country |
| The Items checked below are to be invoiced to the Exhibiting Company: <input type="checkbox"/> All Services <input type="checkbox"/> I & D Labor <input type="checkbox"/> Signs <input type="checkbox"/> Other (Please Specify) _____ <input type="checkbox"/> Rental Furniture <input type="checkbox"/> Material Handling In & | The items checked below are to be invoiced to the Third Party: <input type="checkbox"/> All Services <input type="checkbox"/> I & D Labor <input type="checkbox"/> Signs <input type="checkbox"/> Other (Please Specify) _____ <input type="checkbox"/> Rental Furniture <input type="checkbox"/> Material Handling In & |
|  Please Sign X Cardholder's Signature |  Please Sign X Cardholder's Signature |