



## THIRD PARTY AGENT FORM - 2014

E-Mail, mail, or fax forms with payment to:

SANDS EXPO & CONVENTION CENTER, ORDER PROCESSING DEPT.

201 SANDS AVENUE • LAS VEGAS, NV 89169

P: 702-733-5070 • F: 702-733-5568 • E-Mail: [servicecenter@sandsexpo.com](mailto:servicecenter@sandsexpo.com)

ORDER ONLINE AT

[WWW.SANDSEXPO.COM](http://WWW.SANDSEXPO.COM)

Please indicate total number of pages faxed to ensure complete order was received.

FOR EXHIBITORS WHO HAVE ARRANGED FOR AN EXHIBIT HOUSE OR THIRD PARTY TO HANDLE YOUR DISPLAY AND PAY FOR YOUR SERVICES, SANDS EXPO & CONVENTION CENTER (SECC) AGREES TO CHARGE THIS THIRD PARTY AGENT. HOWEVER, THIS FORM MUST BE COMPLETED BY BOTH THE EXHIBITING COMPANY AND THEIR DESIGNATED REPRESENTATIVE AND BOTH COMPANIES MUST SUBMIT CREDIT CARD INFORMATION TO SECC. THE EXHIBITING COMPANY IS ULTIMATELY RESPONSIBLE FOR PAYMENT OF CHARGES. THIS FORM DOES NOT EXCLUDE EITHER PARTY FROM PAYMENT POLICIES WHICH ARE LISTED BELOW:

- To receive advance prices, we must receive your order with full payment by 5 PM PST 21 calendar days prior to show opening date. All other orders will be processed at the show site rate where applicable.
- All invoices must be settled prior to show close.
- No credits will be issued on services installed as ordered even though not used.

We understand and agree that we, the exhibiting company, are ultimately responsible for payment of charges. In the event that the named third party agent does not make payment for the services provided prior to the closing date of the event, charges will revert to the exhibiting company. All invoices are due and payable upon receipt by either party.

**TO BE COMPLETED BY THIRD PARTY AGENT** (Please provide all information below.)

EVENT NAME: <b>IMEX America 2014</b>		EVENT DATES: Oct. 14-16, 2014		BOOTH # / MTG. ROOM #	
THIRD PARTY CO. NAME:		HALL LOCATION:			
STREET ADDRESS:		CITY:		STATE:	ZIP:
TELEPHONE:		FAX:		E-MAIL:	
ORDERED BY: (Print Name)		SIGNATURE:			
<b>IMPORTANT: TO RECEIVE ADVANCE DISCOUNT PRICES, SES MUST RECEIVE YOUR ORDER WITH FULL PAYMENT BY 5 PM PST 21 CALENDAR DAYS PRIOR TO SHOW OPENING DATE TO ENSURE AVAILABILITY. ALL OTHER ORDERS WILL BE PROCESSED AT THE SHOW SITE RATE. NO CREDITS WILL BE ISSUED ON SERVICES INSTALLED AS ORDERED EVEN THOUGH NOT USED. CANCELLATION(S) MUST BE RECEIVED 24 HOURS PRIOR TO REQUESTED DATE OF SERVICE TO AVOID A 25% CANCELLATION FEE. REVIEW INVOICE PRIOR TO DEPARTURE. FOR CREDIT CONSIDERATION, ALL SERVICE CONCERNS MUST BE MADE KNOWN DURING THE SHOW.</b>					

**THIRD PARTY AGENT CREDIT CARD AUTHORIZATION** (Will be used for all SES services your order or incur.)

CARDHOLDER'S STREET ADDRESS:				CITY/STATE/ZIP:			
CARDHOLDER'S NAME (Please Print)				CARDHOLDER'S SIGNATURE:			
TYPE:	M/C <input type="checkbox"/>	VISA <input type="checkbox"/>	DSCR <input type="checkbox"/>	D/C <input type="checkbox"/>	AMEX <input type="checkbox"/>	EXP. DATE:	

IF YOU WILL NOT BE ATTENDING THE EVENT, PLEASE INDICATE PERSON(S) AUTHORIZED TO SIGN ON YOUR BEHALF.  
**OTHER AUTHORIZED SIGNER(S):**

_____ Print Name	_____ Signature
_____ Print Name	_____ Signature

**THIRD PARTY TO BE INVOICED FOR THE FOLLOWING SERVICES:** ☐ ALL

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> CONVENTION SERVICES (cleaning) | <input type="checkbox"/> BUSINESS CENTER   | <input type="checkbox"/> BOOTH LIGHTING |
| <input type="checkbox"/> RIGGING                        | <input type="checkbox"/> ELECTRICAL        | <input type="checkbox"/> PLUMBING       |
|   | <input type="checkbox"/> INTERNET          |   |
|   | <input type="checkbox"/> TELECOMMUNICATION |   |

**TO BE COMPLETED BY EXHIBITING COMPANY** (This section must be signed to complete the order process.)

I hereby authorize \_\_\_\_\_ (3<sup>rd</sup> party co. name) to act as my 3<sup>rd</sup> party agent for the above booth and event.

**EXHIBITING COMPANY CREDIT CARD INFORMATION** (Will only be used upon default by 3<sup>rd</sup> party.)

EXHIBITING COMPANY NAME:							
CARDHOLDER'S STREET ADDRESS:				CITY/STATE/ZIP:			
CARDHOLDER'S NAME: (Please Print)				CARDHOLDER'S SIGNATURE:			
TYPE:	M/C <input type="checkbox"/>	VISA <input type="checkbox"/>	DSCR <input type="checkbox"/>	D/C <input type="checkbox"/>	AMEX <input type="checkbox"/>	EXP. DATE:	

Please read all forms thoroughly for all instructions and conditions prior to placing orders.