

International Pavilion Third Party Billing Request

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

WWDMAGIC/Sourcing @ MAGIC/Footwear Sourcing @ Magic/
 Children's Club MAGIC
 Las Vegas Convention Center
 February 12 - 14, 2018

Form Deadline Date:
 January 29, 2018

Company Name _____ Email _____ Phone Number _____ Booth Number _____

Return this form when a third party (any party other than international pavilion) ("AGENT") should be billed for services.

Step 1. Provide the International Pavilion contact information and signature

International Pavilion Name _____

International Pavilion Address _____ City _____ State _____ Zip/Country _____

Phone _____ Fax _____ Contact's Email Address _____

Account Number _____ Expiration Date _____
 MasterCard Corporate Card
 VISA Personal Card
 American Express

Please Sign X

 International Pavilion Authorized Signature

 International Pavilion Authorized Name - Please Print Date _____

I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract, including authorization for GES to retain personal information to better serve my need for GES services at future events and have advised all of my AGENTS of the same.

Step 2. Check services below to invoice to the Third Party

All Services If the Third Party is not to be invoiced for "All Services" please select specific services below. Exhibitor will need to complete Payment and Credit Card Authorization and submit with this form if third party is not to be invoiced for all services.

Booth Cleaning Electrical Outlets Electrical Labor Exhibit Systems GES Logistics I & D Labor
 Forklift Labor Material Handling Plumbing Rental Carpet Rental Furniture Signs
 Other (Please Specify) _____

Step 3. Provide the Third Party contact information

Third Party Company Name _____

Third Party Company Address _____ City _____ State _____ Zip/Country _____

Phone _____ Fax _____ Contact's Email Address _____

Step 4. Complete Third Party Credit Card Charge Authorization with signature

Cardholder Name - Please Print _____

Billing Address _____ City _____ State _____ Zip/Country _____

Account Number _____ Expiration Date _____
 MasterCard Corporate Card
 VISA Personal Card
 American Express

Please Sign X

 Third Party Cardholder's Signature

 Third Party Cardholder's Name - Please Print Date _____

I agree in placing this order that I have accepted GES Payment Policy and GES Terms & Conditions of Contract, including authorization for GES to retain personal information to better serve my need for GES services at future events and have advised all of my AGENTS of the same.

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 International Pavilion is ultimately responsible for payment of charges for services requested by International Pavilion or its Agents, and for all acts and/or omissions of its Agents. If an Agent does not pay the invoice before the last day of the show, charges will revert to the International Pavilion. All Invoices are due and payable upon receipt. GES Terms & Conditions of Contract, and GES' Payment Policy apply to both the International Pavilion and all Agents. We require your complete credit card information even if you are paying by check or bank wire transfer.

Review and Return: Return to Fax: (866) 329-1437 • International Fax: (702) 263-1520

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