

## Domestic 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  
Las Vegas Convention Center  
February 5 - 7, 2019

Form Deadline Date:  
January 22, 2019

Company Name	Email	Phone Number	Booth Number
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Return this form when a Third Party (any party other than exhibiting company) ("AGENT") should be billed for services.

## Step 1. Provide the Exhibiting Company contact information and signature

Exhibiting Company Name \_\_\_\_\_

Exhibiting Company Address	City	State	Zip/Country
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Phone	Fax	Contact's Email Address
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Please Sign

X

Exhibiting Company Authorized Signature

Exhibiting Company 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.

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

Cardholder Name - Please Print

Billing Address	City	State	Zip/Country
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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.

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 Company is ultimately responsible for payment of charges for services requested by Exhibiting Company 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 Exhibiting Company. All Invoices are due and payable upon receipt. GES Terms & Conditions of Contract, and GES' Payment Policy apply to both the Exhibiting Company 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

Chat with us <http://www.ges.com/chat>



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