

# 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.

MAGIC - FN PLATFORM MENS/LIFESTYLE | FN PLATFORM CHILDRENS |  
PROJECT | THE TENTS | MAGIC MENS | CHILDREN'S CLUB  
Las Vegas Convention Center  
August 12 - 14, 2019

Form Deadline Date:  
July 31, 2019

Company Name Email Phone Number Booth Number

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

Phone Fax Contact's Email Address

Please Sign

X

Exhibiting Company Authorized Signature

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.

Exhibiting Company Authorized Name - Please Print

Date

## 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.

- |   |   |   |  |   |                                      |
|---|---|---|--|---|--------------------------------------|
| <input type="checkbox"/> Booth Cleaning               | <input type="checkbox"/> Electrical Outlets | <input type="checkbox"/> Electrical Labor | <input type="checkbox"/> Exhibit Systems | <input type="checkbox"/> GES Logistics    | <input type="checkbox"/> I & D Labor |
| <input type="checkbox"/> Forklift Labor               | <input type="checkbox"/> Material Handling  | <input type="checkbox"/> Plumbing         | <input type="checkbox"/> Rental Carpet   | <input type="checkbox"/> Rental Furniture | <input type="checkbox"/> Signs       |
| <input type="checkbox"/> 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

MM/YY

- |   |   |
|---|---|
| <input type="checkbox"/> MasterCard       | <input type="checkbox"/> Corporate Card |
| <input type="checkbox"/> VISA             | <input type="checkbox"/> Personal Card  |
| <input type="checkbox"/> American Express |   |

Please Sign

X

Third Party Cardholder's Signature

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.

Third Party Cardholder's Name - Please Print

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 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

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G-3-011819

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



# International Third Party Billing Request

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MAGIC - FN PLATFORM MENS/LIFESTYLE | FN PLATFORM CHILDRENS |  
PROJECT | THE TENTS | MAGIC MENS | CHILDREN'S CLUB  
Las Vegas Convention Center  
August 12 - 14, 2019

Form Deadline Date:  
July 31, 2019

Company Name Email Phone Number Booth Number

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

Phone Fax Contact's Email Address

Account Number Expiration Date  
MM/YY  
 MasterCard  Corporate Card  
 VISA  Personal Card  
 American Express

**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 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  
MM/YY  
 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 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.

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



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# International Pavilion Third Party Billing Request

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PROJECT | THE TENTS | MAGIC MENS | CHILDREN'S CLUB  
Las Vegas Convention Center  
August 12 - 14, 2019

Form Deadline Date:  
July 31, 2019

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

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.

\_\_\_\_\_  
International Pavilion Authorized Name - Please Print Date

## 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.

- |   |   |   |  |   |                                      |
|---|---|---|--|---|--------------------------------------|
| <input type="checkbox"/> Booth Cleaning               | <input type="checkbox"/> Electrical Outlets | <input type="checkbox"/> Electrical Labor | <input type="checkbox"/> Exhibit Systems | <input type="checkbox"/> GES Logistics    | <input type="checkbox"/> I & D Labor |
| <input type="checkbox"/> Forklift Labor               | <input type="checkbox"/> Material Handling  | <input type="checkbox"/> Plumbing         | <input type="checkbox"/> Rental Carpet   | <input type="checkbox"/> Rental Furniture | <input type="checkbox"/> Signs       |
| <input type="checkbox"/> 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

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.

\_\_\_\_\_  
Third Party Cardholder's Name - Please Print 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 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.

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