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 WOMENS | PROJECT WOMENS | STITCH@PROJECT WOMENS | POOLTRADESHOW Las Vegas Convention Center

Form Deadline Date: July 31, 2019

Booth Number

Company Name

August 12 - 14, 2019

Phone 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

Email

Exhibiting Company Name Exhibiting Company Address Citv State Zip/Country

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Phone	Fax	Contact's Email Address					
Please Sign	X Exhibiting Company Authorized 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 Nar	ne - Please Print Date					

Exhibiting Company Authorized Name - Please Print

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

If the Third Party is not to be invoiced for "All Services", please select specific services below. Exhibitor will need to All Services 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 ☐ 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

Billing Address			City	State	Zip/Country	
Account Number		Expiration Date MasterCard MM/YY VISA American Expres		P€	Corporate Card Personal Card s	
Please Sign	X Third Party Cardholder's Signature		I agree in placing this order that I have accep GES Payment Policy and GES Terms & Conditions of Contract, including authorization GES to retain personal information to better s my need for GES services at future events			
	Third Party Cardholder's Name - Please Print	Date				

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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