

International 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
 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

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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

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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

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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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