

electrical credit card charge authorization

E-4

Show Name _____
 Venue _____
 Show Dates _____



RETURN TO:
 GES Exposition Services
 7050 Lindell Road
 Las Vegas, Nevada 89118
 Phone: (888) 475-2098
 FAX: (866) 329-1437

All orders are governed by the GES Payment Policy and Limits of Liability and Responsibility as specified in the Exhibitor Kit

COMPANY	EMAIL ADDRESS	BOOTH NUMBER
AUTHORIZED CONTACT SIGNATURE X	AUTHORIZED CONTACT - PLEASE PRINT	DATE

TSE requires payment in full at the time services are ordered. Further, TSE requires that you provide a credit card authorization with your initial order. For your convenience, we will use this authorization to charge your account for services, which may include labor, not covered by your initial payment.

You may arrange for a third party to handle your display and be billed for services. TSE will agree to this arrangement if the third party has a satisfactory payment record with us. **Both Firms** must complete this form, including **Third Party Credit Card Charge Authorization below**. If no third party is being used, only the "Exhibiting Firm" credit card charge authorization is required. Return form by the deadline date.

It is understood and agreed that the exhibiting firm is ultimately responsible for payment of charges. If your named third party does not pay the invoice before the last day of the show, charges will revert to you, the exhibiting firm. All invoices are due and payable upon receipt.

Exhibiting Firm

EXHIBITING FIRM _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____
 AUTHORIZED SIGNATURE _____
 AUTHORIZED NAME (PRINT) _____

Credit Card Charge Authorization (Information Must Be Provided)

PROVIDE EXPIRATION DATE **EXPIRATION DATE** _____

MasterCard
 VISA
 Diners Club
 Discover
 American Express
 Corporate
 Personal

Account Number: [] - [] - [] - []

CARDHOLDER'S NAME _____ PLEASE PRINT
 CARDHOLDER'S BILLING ADDRESS _____ CITY _____
 STATE _____ ZIP _____ COUNTRY _____

The items checked below are to be invoiced to the Exhibiting Firm:
 Electrical Services
 Other (Please Specify) _____

PLEASE SIGN **X**
 CARDHOLDER'S SIGNATURE _____

Third Party

EXHIBITING FIRM _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____
 AUTHORIZED SIGNATURE _____
 AUTHORIZED NAME (PRINT) _____

Credit Card Charge Authorization (Information Must Be Provided)

PROVIDE EXPIRATION DATE **EXPIRATION DATE** _____

MasterCard
 VISA
 Diners Club
 Discover
 American Express
 Corporate
 Personal

Account Number: [] - [] - [] - []

CARDHOLDER'S NAME _____ PLEASE PRINT
 CARDHOLDER'S BILLING ADDRESS _____ CITY _____
 STATE _____ ZIP _____ COUNTRY _____

The items checked below are to be invoiced to the Third Party:
 Electrical Services
 Other (Please Specify) _____

PLEASE SIGN **X**
 CARDHOLDER'S SIGNATURE _____

GES

TSE Electrical

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