

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.

Affiliated Summit East Conference
 New York Marriott Marquis
 July 30 - August 1, 2017

Form Deadline Date:
 July 10, 2017

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.

- Exhibit Systems GES Logistics I & D Labor Material Handling 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
 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.

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 conference, 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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