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.

Affiliate Summit East Conference
New York Marriott Marquis
July 29 - 31, 2018

Form Deadline Date:
July 9, 2018

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 ☐ VISA ☐ American Express ☐ Corporate Card ☐ Personal Card

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.

☐ Exhibit Systems ☐ GES Logistics ☐ I & D Labor ☐ Forklift 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 MM/YY

☐ MasterCard ☐ VISA ☐ American Express ☐ Corporate Card ☐ Personal Card

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.

Review and Return:

Return to Fax: (866) 329-1437 • International Fax: (702) 263-1520

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