

Use this form if you authorize a third party to invoice for some or all services.

Third Party Authorization

October 14-17, 2018 McCormick Place Chicago, Illinois USA

Exhibiting Company	:		Booth Number:							
Third Party Information			State:	Website: Fax Number:	Zip:	Country:				
Third Party Payment Policy	 Form is completed and signed by both parties and returned to PACK EXPO Services at least 14 days prior to show move-in 									
Services to be Invoiced to Third Party	All Services Hanging Sign Lal Other:	L	Furniture Booth Cl	· —	Forklift Lab Material Ha					
Card Type Visa® Credit C	MasterCard [®]	American E	Express	Discover [®]	Debit	Card Expiration Date				
Oreant C						Expiration Bate				
CARDHOLDER'S N	AME (PLEASE PRINT)									
BILLING ADDRESS	;									
CITY		STATE		ZIP	COUN	NTRY				
TELEPHONE		EMAIL								
PLEASE SIGN	X									

Acknowledgement by Exhibiting Company

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges incurred. In the event Third Party named above does not make payment, such charges will be presented to the exhibiting firm, and the exhibiting firm will make payment to PACK EXPO Services prior to the close of the show. (Authorized Firms Representative's signature required below.)

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