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C O - L O C A T E D



September 23-25, 2019 • Las Vegas, Nevada USA

# Third Party Authorization

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

Exhibiting Company: \_\_\_\_\_ Booth Number: \_\_\_\_\_

## Third Party Information

Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Website: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## Third Party Payment Policy

- The payment record of the Third Party must be acceptable to PACK EXPO Services.
- Form is completed and signed by both parties and returned to PACK EXPO Services at least 14 days prior to show move-in.
- The exhibiting firm is ultimately responsible for payment of all charges by show conclusion.
- **All billing discrepancies must be resolved with PACK EXPO Services within 30 days of the close of the show.**

## Services to be Invoiced to Third Party

All Services       Furniture/Carpet       Forklift Labor       Booth Labor  
 Hanging Sign Labor       Booth Cleaning       Material Handling  
 Other: \_\_\_\_\_

## Card Type

Visa®       MasterCard®       American Express       Discover®       Debit Card

## Credit Card Number

## Expiration Date

\_\_\_\_\_  
 \_\_\_\_\_

CARDHOLDER'S NAME (PLEASE PRINT)

BILLING ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

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.)

**PLEASE SIGN** X \_\_\_\_\_