



March 3-5, 2020 Pennsylvania Convention Center Philadelphia, PA 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<br>Information                      | Name:<br>Billing Address:<br>City:   | State:  | Zip:          | Country:   |  |
|   | Contact Name:  |   | Website:      |  |  |
|   | Telephone Number:  | Ec  | Fax Number:   |  |  |
|   | Email Address:   | I d   |               |  |  |
| Third Party<br>Payment<br>Policy                | <ul> <li>Form is completed and signal</li> <li>14 days prior to show more</li> </ul> | gned by both parties a<br>ve-in.<br>Il provide an online pas<br>online at https://cyberse<br>ord.<br>Billing Info" then Add A | New Card.     | The services at least of the account is set-up. Com/, and Login with |  |
| Services to<br>be Invoiced<br>to Third<br>Party | All Services<br>Hanging Sign Labor<br>Other:   | Furniture/0<br>Booth Clea   | ·             |  |  |

## Acknowledgement by Exhibiting Company

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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