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# Third Party Authorization

Use this form if you authorize a Third Party to invoice for some or all services.

Exhibiting Company: \_\_\_\_\_

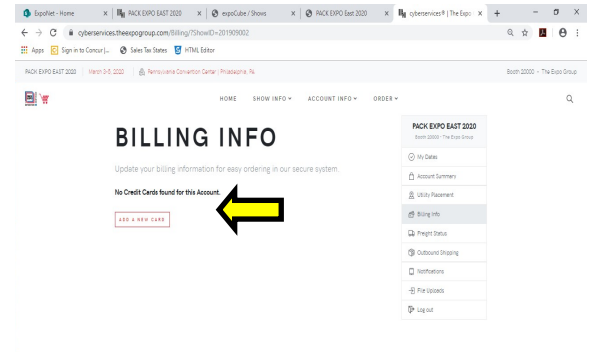
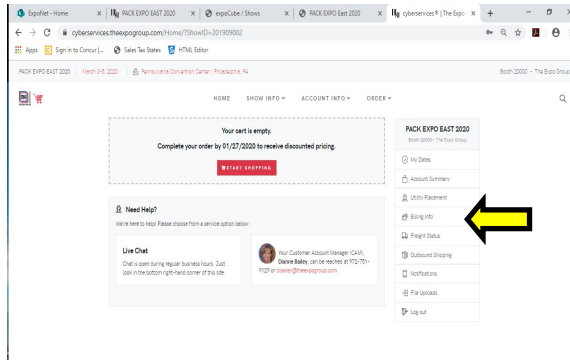
Booth Number: \_\_\_\_\_

## 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.
  - PACK EXPO Services will provide an online password for third party after account is set-up.
  - Provide your credit card online at <https://cyberservices.theexpogroup.com/>, and login with your Show ID and Password.
- Once logged in, go to "Billing Info" and then Add A New Card.



- The exhibiting company 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

<input type="checkbox"/>	All Services	<input type="checkbox"/>	Furniture/Carpet	<input type="checkbox"/>	Forklift Labor	<input type="checkbox"/>	Booth Labor
<input type="checkbox"/>	Hanging Sign Labor	<input type="checkbox"/>	Booth Cleaning	<input type="checkbox"/>	Material Handling		
<input type="checkbox"/>	Other: _____						

## 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 \_\_\_\_\_