



Third Party Authorization

Submit forms to authorize a third party to invoice for some or all services.

Exhibiting Compan	y:	Booth Number:		
Third Party	Name:			
Information	Billing Address:			
	City:	State:	Zip:	Country:
	Contact Name:		Website:	
	Phone Number:	Fax	Number:	
	Email Address:			
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.			
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Services to Invoice to Third Party	All Services Hanging Sign Labor Other:	Furniture/Carpe Booth Cleaning	Forklift Lab	

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.)