

PAYMENT FORM



Advance Order Deadline: Thursday, August 8, 2019

| Company Name: | | Booth: |
|---------------|----------------------|----------|
| Address: | | |
| City: | Sta | ate/Zip: |
| Contact Name: | Email: | |
| Phone: | Cell / Mobile Phone: | |
| Fax: | | |

BY SUBMITTING THIS FORM VIA ELECTRONIC MAIL, FASCIMILE, POSTAL MAIL OR IN ANY OTHER MANNER TO HARGROVE, LLC, YOU AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS PROVIDED TO YOU WITH THE "SERVICE KIT," INCLUDING BUT NOT LIMITED TO THE "EXHIBITOR TERMS AND CONDITIONS."

Payment Policy:

| Payment in full must accompany your order. Discounted rates will Please note: We will use this authorization to charge your credit/de | bit card account for all orders, | at anytime, including those placed |
|---|----------------------------------|------------------------------------|
| onsite by your representative. These charges may include all servi handling, labor, and shipping charges. For your convenience, we accept payment by Visa, MasterCard, Di | | - |
| For tax-exempt status, please submit a tax-exempt certificate. | · · · | |
| Credit Card on File: | | |
| Credit Card Number**: | | |
| | EXP: | |
| Cardholder's Billing Address: | | |
| | | |
| Cardholder: | Signature: | |
| Order Payment Method: | | |
| Charge the above listed credit card. OR Check Enclosed | d # Dated/ | / (Ref: 5040424MS) OR |
| ACH payment* on (Date) OR | | |
| Wire Transfer* on from | | _ in |
| (Date) * Send wire transfers or ACH payments to: Hargrove, LLC c/o Branch Banking and Trust Company (BB&T Bank) College Park, MD 20740 USA | (Bank) | (Country) |
| ABA #055003308, Account #0005157351151, SWIFT Code: BRBTUS33 | | |

Include your company name, booth number and show name, and the country and bank where the transfer originated. Be sure to include the following **wire transfer fees**: \$20 for wire transfers originating within the US, \$40 for transfers originating from a bank in any other country.

Third-Party Billing:

In the event that you have arranged for an exhibit house or such other third party to handle your billing, a Third-Party Billing Agreement must be completed. As the exhibitor, you are responsible for all charges incurred at the show, should your display house or such other third party fail to meet the required payment terms explained above.



ORDER RECAP FORM

Company Name:

2019 OUS WOMEN' S EXPO

(Country)

Booth:

- Please complete and return with payment and your order(s). •
- You may choose to pay by credit card, check or wire transfer. Complete and submit the Payment Form regardless of • payment method.

Calculation of Orders (totals from Hargrove's order forms):

(Date)

| Tables & Drapery | | \$ | | |
|--|----------------------------|----|--|--|
| Chairs, Accessories & Display Cabinets | | \$ | | |
| Carpet | | \$ | | |
| Cleaning | | \$ | | |
| Modular Rental Exhibits | | \$ | | |
| Fabric Rental Exhibits | | \$ | | |
| Material Handling Estimate | | \$ | | |
| Flat Cart Service | | \$ | | |
| Vehicle/Machinery Spotting Service | | \$ | | |
| Labor | | \$ | | |
| Shipping | | \$ | | |
| Other Hargrove Services: | | \$ | | |
| | TOTAL DUE TO HARGROVE, LLC | \$ | | |
| Order Payment Method: | | | | |
| Charge the Credit Card listed on the Payment Form . | | | | |
| Check Enclosed # Dated/ (Ref: 5040424MS) | | | | |
| Wire Transfer on from | | | | |

(Bank)

Thank you for your order! If we can be of further assistance, or you need additional information, please call us at 301.306.4627 or email us at exhibitorservices@hargroveinc.com.