

THIRD-PARTY BILLING AGREEMENT

As an Exhibitor electing to use third-party billing, I understand and hereby agree that the ultimate responsibility for payment of all charges is mine. Further, I 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." In the event that the named third party fails to meet the required payment terms, charges will revert back to me, the exhibiting company.

Exhibitor Company Name: _____ Booth: _____
 Exhibitor Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Exhibitor Contact Info: Phone: _____ Fax: _____ Email: _____
 All invoices are due and payable upon receipt, by either party. By completing this form, you are agreeing to all terms mentioned:
 Signature: _____ Date: _____

The following items are to be charged to the third party:

- ALL SERVICES OR:
- FURNITURE/CARPET N/A – SIGNS BOOTH CLEANING
 MATERIAL HANDLING SHIPPING LABOR
 BOOTH DISPOSAL OTHER: _____

Third-Party Name: _____
 Third-Party Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Third-Party Contact Info: Phone: _____ Fax: _____ Email: _____
 All invoices are due and payable upon receipt, by either party. By completing this form, you are agreeing to all terms mentioned:
 Signature: _____ Date: _____

Payment Policy:

Payment in full must accompany your order. Discounted rates will not apply to orders received without payment. Please note: We will use this authorization to charge your credit/debit card account for all orders noted above, at anytime, including those placed onsite by your representative. These charges may include all services provided by Hargrove, LLC including but not limited to material handling, labor, and shipping charges. For your convenience, we accept payment by Visa, MasterCard, Discover Card, American Express, company check, and wire transfer. For tax-exempt status, please submit a tax-exempt certificate.

Credit Card on File:

Credit Card Number**: _____ EXP: _____ / _____

Cardholder's Billing Address: _____

Cardholder: _____ Signature: _____

** Hargrove will apply all charges incurred at show site to this card.
 To make other arrangements, contact us at 301.306.4627 exhibitorservices@hargroveinc.com.

Order Payment Method:

Charge the above listed credit card. OR Check Enclosed # _____ Dated ____/____/____ (Ref: 5040424MS)