oneofakind Show and Sale® CHICAGO

METHOD OF PAYMENT FORM

REQUIRED

DEADLINE: NOVEMBER 3, 2015

All exhibitors must complete a method of payment.

Booth Name: _____ Booth Number: _____

Address: (City/State/ZIP) _____

Ordered By: _____ Print Name: _____

Date: _____ Phone: _____ Fax: _____

☐ CREDIT CARD (Required of all exhibitors)

For your convenience, we will use this for authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include labor, equipment rental, material handling and any damages to the suite. An alternate method may be provided at show site.

☐ AMERICAN EXPRESS

☐ MASTERCARD

☐ VISA

Account No: _____

Expiration Date: _____

Cardholder's Name: _____

Signature: _____

Billing Address: _____

City/State/Zip: _____

While we require a credit card of all exhibitors, you may elect to pay for services by cash, check, or with an alternate credit card. If you plan to provide an alternate method of payment at show site, check the appropriate box below. Pre-orders will be charged to the card number provided above unless payment accompanies the order. No orders will be processed until credit card information has been provided.

Pre-order rates apply only to orders received with payment before the NOVEMBER 3, 2015 deadline.

☐ COMPANY CHECK (must accompany order)

Make Checks Payable to:
MMPI

We have read, understand and agree to all terms as described and have advised our show site representative accordingly.

Signature: _____

Print: _____

Date: _____

IF YOU PLAN TO USE AN EXHIBITOR APPOINTED UNION CONTRACTOR:

☐ THIRD PARTY AUTHORIZATION

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges. In the event that the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert to the exhibiting company. All invoices are due and payable upon receipt, by either party. The items checked below are to be invoiced to the third party:

☐ ALL SERVICES ☐ RENTAL FURNITURE

☐ I & D LABOR ☐ SIGNS

☐ MATERIAL HANDLING ☐ OTHER (Please specify)

THIRD PARTY AGENT:

☐ Personal Credit Card ☐ Company Credit Card

☐ AMERICAN EXPRESS

☐ MASTERCARD

☐ VISA

Account No.: _____

Expiration Date: _____

Cardholder's Name: _____

Signature: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-Mail or Fax this form to: 2015 One of a Kind Show and Sale®, Attn: Sergio Camargo
PHONE: (312) 527-7587, FAX: (312) 379-6122, E-MAIL: scamargo@mmart.com