

# THIRD PARTY BILLING REQUEST SAMPLE

<<SHOW NAME>>  
 <<SHOW LOCATION>>  
 Halls B/C  
 <<SHOW DATE>>

Discount Deadline Date  
 <<DATE>>  
 All orders are governed by the  
 NCS Payment Policy and the  
 Limits of Liability and Responsibility



[www.ncsevents.com](http://www.ncsevents.com)

RETURN TO: NATIONAL CONVENTION SERVICES 145 WEST 30TH STREET NEW YORK, NY 10001 PHONE: 212-947-8255 FAX 212-947-8006





COMPANY EMAIL ADDRESS BOOTH NUMBER

AUTHORIZED CONTACT SIGNATURE AUTHORIZED CONTACT-PLEASE PRINT DATE

X

You may arrange for a third party to handle your display and be billed for services. NCS will agree to this arrangement if the third party has a satisfactory payment record with us. **Both Firms** must complete this form, including **Third Party Credit Card Charge Authorization below**. This form must be returned by the discount deadline date <<DATE>>.

It is understood and agreed that the exhibiting firm is ultimately responsible for payment of charges. If your named third party does not pay the invoice before the last day of the show, charges will revert to you, the exhibiting firm. All invoices are due and payable upon receipt.

Exhibiting Firm	Third Party
Exhibiting Firm	Exhibiting Firm
Address	Address
City State Zip	City State Zip
Phone Fax	Phone Fax
Authorized Signature	Authorized Signature
Authorized Name (Print)	Authorized Name (Print)
<b>Credit Card Charge Authorization</b> (Information Must Be Provided)  <b>Expiration Date</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Corporate <input type="checkbox"/> Personal Account Number	<b>Credit Card Charge Authorization</b> (Information Must be Provided)  <b>Expiration Date</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Corporate <input type="checkbox"/> Person Account Number
Cardholder's Name Please Print	Cardholder's Name Please Print
Cardholder's Billing Address City	Cardholder's Billing Address City
State Zip Country	State Zip Country
The Items checked below are to be invoiced to the Exhibiting Company: <input type="checkbox"/> All Services <input type="checkbox"/> I & D Labor <input type="checkbox"/> Signs <input type="checkbox"/> Other (Please Specify) _____ <input type="checkbox"/> Rental Furniture <input type="checkbox"/> Material Handling In &	The items checked below are to be invoiced to the Third Party: <input type="checkbox"/> All Services <input type="checkbox"/> I & D Labor <input type="checkbox"/> Signs <input type="checkbox"/> Other (Please Specify) _____ <input type="checkbox"/> Rental Furniture <input type="checkbox"/> Material Handling In &
 <b>X</b> Cardholder's Signature	 <b>X</b> Cardholder's Signature