

Address

Philadelphia Marriott-Franklin Hall B Philadelphia, PA November 3-8, 2002

THIRD PARTY PAYMENT POLICY

Brede Exposition Services will present invoices to Third Parties at show site for payment of all services rendered to exhibitors provided that the following conditions are met.

- The exhibitor is required to complete and return the "INTENT TO USE NON-OFFICIAL I & D CONTRACTOR" 1. form located in this Exhibitor Kit.
- 2. This form must be completed (including the credit card information), signed by both parties and returned to Brede Exposition Services at least 30 days prior to the show opening.
- The credit card information below MUST be completed and submitted to Brede Exposition Services. If payment 3. arrangements are not made prior to the last day of the show, Brede Exposition Services reserves the right to charge the Invoice(s) to the credit card number provided.
- The exhibiting company is ultimately responsible for the payment of all charges. If no arrangements are made for payment 4. of invoice(s) by the third party PRIOR TO THE LAST DAY OF THE SHOW, charges will revert back to the exhibitor and must be paid prior to the close of the show.
- If the Third Party requires that Brede Exposition Services fax an invoice from the Convention Facility, a 5. \$15.00 service fee will be added.

We understand and agree that we, the exhibiting firm are ultimately responsible for payment of charges incurred. In the event that the named third party does not make payment prior to the close of the show, such charges will be presented to the exhibiting firm for payment.

Exhibitor Signature: ALL INVOICES MUST BE SETTLED BY THE EXHIBITING FIRM BY THE CLOSE OF THE SHOW DISPLAY HOUSE NAME: COMPLETE ADDRESS: **AUTHORIZED BY:** SIGNATURE: PHONE NUMBER: _____ FAX NUMBER: _____ CREDIT CARD INFORMATION PROVIDED FOR SERVICES RENDERED: We authorize Brede Exposition Services to charge any additional amounts incurred by me or my representative at show site, including material handling and labor charges. If credit card is declined, "Standard" pricing prevails and a \$25.00 service charge will be added. _____ Cardholder's Signature_ Cardholder's Name___ Visa MC AmEx ACCT. # Exp. Date PLEASE FILL OUT THE INFORMATION BELOW ON EACH ORDER SHEET. Company Name______ Booth No._____ ______ City/State______ Zip_____

Contact Person _____ Phone ()____ Fax (