

# METHOD OF PAYMENT FORM

DEADLINE: AUGUST 28, 2009

**All exhibitors must complete a method of payment.**

Booth Name: \_\_\_\_\_ Booth Number: 8 \_\_\_\_\_

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 AUGUST 28, 2009 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: \_\_\_\_\_

Mail or Fax this form to: **International Casual Furniture & Accessories Market, Attn: Lauren Serantoni, 222 Merchandise Mart Plaza, Suite 470, Chicago, IL 60654, (312) 527-3066, FAX: (312) 527-7998**  
[www.exhibitorinfo.com/operationshelp](http://www.exhibitorinfo.com/operationshelp)