METHOD OF PAYMENT FORM

Merchandise Mart Properties, Inc. – Fall 2007

DEADLINE: August 20, 2007

Please check the correct building below:

☐ Plaza Suites ☐ Suites at Market Square

Attn: Accounting
305 West High Street
High Point, NC 27260
FAX: 336.821.1581

ALL EXHIBITORS MUST COMPLETE A METHOD OF PAYMENT FORM

Suite #: _____
Company Name: _____
Address: _____
Ordered by (signature): _____

_____
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 repreentative. 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.: _____ **Signature** _____
Expiration Date: _____ **Billing Address** _____
Cardholder's Name: _____ **City/State/Zip** _____

All booths located on the first floor of the Suites at Market Square as well as any booth in which the exhibitor is not returning, must be returned back to original condition by **October 19, 2007**. All product must be removed, the walls painted white and holes patched, and gray carpet left clean and unstained. Any exhibitor who doesn't comply will be assessed a $3.00 per s.f. charge for our staff to make these

I understand that my credit card will be charged an amount equal to $3.00 per square foot if I do not remove all merchandise and return the booth back to the original condition by **October 19, 2007**.

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 wite, 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 the credit card information has been provided.

Pre-order rates apply only to orders received with payment before the **August 20** deadline.

☐ Cash ☐ COMPANY CHECK (must accompany order)

Make checks payable to: Merchandise Mart Properties, Inc.

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

_____
Signature

_____
Print

_____
Date