

Remit to:



11001 Decimal Drive, Louisville, Kentucky 40299-2419
Telephone: 502.266.5101 Fax: 502.266.5102

Email: orders@gen-expo.com

MATS #79-2019

Payment Authorization Form

THIS FORM MUST BE COMPLETED & RECEIVED WITH
YOUR ORDER AND PAYMENT BY DEADLINE DATE

Discount Deadline Date: Wednesday, March 6, 2019

1 Exhibiting Company Information:

Booth Number _____ Booth Size _____
Company Name _____
Street Address _____
City, State & Zip _____
Phone _____
Fax _____
E-Mail _____
Print Name _____
Signature _____

Third Party Billing:

(Please note that the Exhibiting company is ultimately responsible for all charges)
Company Name _____
Street Address _____
City, State & Zip _____
Phone _____
Fax _____
E-Mail _____
Print Name _____
Signature _____

The exhibiting firm is primarily responsible for the payment of charges. In the event you have arranged for an exhibit house or other party to handle your display and the payment for all services, we will agree to this third party payment if they supply the appropriate credit card information below. Advance payment in full must accompany order including estimated labor and drayage charges. Additionally, both exhibiting company and third party representative must sign acceptance of the following statement: All unpaid balances will be collected from third party representative in advance with order or at show site before services can be rendered. We understand and agree that we, the exhibiting firm, are primarily responsible for payment of charges. In the event the named third party fails to pay; all charges will be paid by the exhibiting company on demand.

2 Order Summary:

Table with 2 columns: Item Description and Amount. Includes sections for RENTALS and SERVICES.

3 Payment Policy, Authorization & Terms:

Order Grand Total \$

PAYMENT POLICY: Advance charges may be paid by company check but credit card information is required for hassle-free ordering of additional services on-site. All outstanding balances will be charged to your credit card. At the conclusion of the show a complete invoice will be prepared and sent to you reflecting all charges and payments. No credit will be given after close of event on items or services ordered but not received. Any issues you may have with any equipment or services ordered need to be addressed on-site at the Genesis Exposition Services exhibitor services center prior to show closing. No checks drawn on a foreign bank will be accepted, nor will checks marked "Payable in U.S. Funds". Please issue on a U.S. Bank or a U.S. Money Order or American Express International Money Order. We will also accept Visa, Mastercard and American Express charges for orders under \$10,000.00. For orders over \$10,000.00, we request that payment be made via company check or bank transfer. If you must pay for an order over \$10,000.00 via credit card, a 3% (Visa or Mastercard) to 3.5% (American Express) convenience fee will be applied to your order for processing. Please indicate the appropriate charge account number and sign below. By providing your credit card #, you are authorizing Genesis to charge your card for all outstanding balances. A \$20.00 declined charge fee will be added to your account for any attempted credit card processings that are declined. If any checks are returned for insufficient funds, a \$40.00 returned check fee will be added to your account. PAYMENT TERMS: We require 100% payment with order for service, tax, and anticipated freight. This form with your credit card information for payment of advance and show site orders must be forwarded to Genesis Exposition Services, LLC in order for us to provide any equipment or services. Full payment of rental charges must accompany your order forms and be received by our office before deadline to qualify for the discounted rates. ALL orders received after deadline (indicated on each form) will be charged at standard rates. A \$40.00 surcharge will be added to your account if any credit charges for services rendered are disputed by the cardholder and/or denied by the merchant. COLLECTION TERMS: Due upon receipt. Unpaid balance at the close of the show will accrue a service charge of .0575% per day, annual interest rate 21%. You will be responsible for all fees, including attorney's fees, connected with the collection of your accounts. By signing this form you are accepting the terms, conditions, and limits of liability as stated on various forms and agreements pertaining to services rendered by Genesis Exposition Services, LLC.

Payment options: Visa Mastercard American Express Check # _____ Amount \$ _____ Date: _____
Card # _____ Expiration Date _____ Security Code _____ (3 digits on reverse side of card, 4 digits on front of AMEX only.)
Print Cardmember Name _____ Card Holder Signature _____
Print Cardmember Billing Address _____

Please note: Incorrect or incomplete cardmember address information could result in the credit card being declined. All declined credit cards will result in a \$20.00 surcharge being added to your invoice.