

THIRD PARTY PAYMENT POLICY

Rileighs Convention 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.

1. The exhibitor is required to complete and return the "Intent To Use Non-Official I & D Contractor" form located in this Exhibitor Kit.
2. **This form must be completed (including the credit card information), signed by both parties and returned to Rileighs Convention Services at least 30 days prior to the show opening.**
3. The credit card information below **MUST** be completed and submitted to Rileighs Convention Services. If payment arrangements are not made prior to the last day of the show, Rileighs Convention Services reserves the right to charge the Invoice(s) to the credit card number provided.
4. The exhibiting company is ultimately responsible for the payment of all charges. If no arrangements are made for payment of invoice(s) by 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.
5. If the Third Party requires that Rileighs Convention Services fax an invoice from the Convention Facility, a \$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 # : () _____	Fax # : () _____

CREDIT CARD INFORMATION PROVIDED FOR SERVICES RENDERED:

We authorize Rileighs Convention 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 Name: _____	Cardholder's Signature: _____
Visa MC AmEx <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp. Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Security Code Indicated on Credit Card: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

PLEASE FILL OUT THE INFORMATION BELOW ON EACH ORDER SHEET.

Company Name _____	Booth #: _____
Address: _____	
City/State/Zip _____	
Contact: _____	Email Address: _____
Phone # : () _____	Fax # : () _____

MAIL OR FAX TO: Rileighs Convention Services * 25 South 10th Street * Harrisburg, PA 17101
(717) 236-5075 * Fax (717) 236-9082 * Email - info@rileighsconvserv.com