



1250 John A Papalas Dr., Lincoln Park, MI 48146
 p: (313)386-5555 f: (313)386-2048

**National Dental Association
 Annual Convention**

**Rosen Centre Hotel – Grand Ballroom C, D, E
 Orlando, FL
 July 11 – 15, 2018**



PAYMENT POLICY

Convention & Show Services, Inc. requires pre-payments from all exhibitors. Failure to remit payment with your orders may result in a delay of your move-in, unless prior arrangements have been made. Exhibitors requesting third parties to pay their invoice must complete and submit the Authorization for Third Party Billing form. Payment for all labor and services ordered by the exhibitor, its display house, or other third parties are the responsibility of the exhibitor. Final invoices will be completed approximately one week after the move-out of this event. Payment is due upon receipt of the invoice. Monthly finance charges of 1.5% will be applied to all accounts that are thirty (30) days or more delinquent.

Convention & Show Services, Inc. will accept the following methods of payment:

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Please make checks payable to Convention & Show Services, Inc. Checks must be made payable in U.S. Funds. **Company checks will be accepted for pre-show orders only. Payment for orders placed at show site must be received in the form of cash or credit card.**

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Bank transfer to:

Comerica Bank, Detroit, MI 48226

ABA#: 072000096

Account # / Name: 1840263857 / Convention & Show Services, Inc

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Swift Code: MNBDUS33

Account # / Name: 1840263857 / Convention & Show Services, Inc.

Please reference your company name and exhibit so that we can properly credit your account. Any wire processing or transaction fees incurred will be the responsibility of the exhibitor.

CREDIT CARD

For your convenience we accept Visa, MasterCard and American Express. By completing the information below you are authorizing Convention & Show Services, Inc. to charge the amount of your advance orders, deposit amount, and any additional charges that may be incurred on show-site by you or a representative acting on your behalf. Convention & Show Services, Inc. requires this form to be completed and returned to our office prior to installation. Any balance that remains unpaid after thirty (30) days will be applied to the credit card account below where applicable.

Your signature below indicates acceptance of all terms and conditions outlined in the Service Manual.

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Address:			
Company Name:			
City:		State:	Zip:
Phone:		Fax:	
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