



PAYMENT POLICY

Exhibitor Name:	Booth #:	Booth #:	
Address:			
City:	State:	ZIP:	
Print Name:			
Authorized Signature:			
E-Mail Address:	Phone:	Phone:	
Convention & Show Services, Inc. requires pre-payme installation. If you have not received a deposit scheous to obtain one. Orders for labor and services will no in whole unless prior arrangements have been request move-in. We require your complete credit card inform	lule within 2 weeks of your scheduled ins: t be honored if the required deposit payn red and approved by CSS. Otherwise, th	tallation date, please contact nents are not made timely and is may result in a delay of your	
Exhibitors requesting third parties to pay their invoice enclosed in this section. Payment for all labor and service the responsibility of the exhibitor.			
Final invoices will be completed approximately three days after receipt of invoice. Monthly finance charge days or more.			
METHOD OF PAYMENT: Please indicate your preferred	method of payment:		
COMPANY CHECK Please make checks payable to Convention & Show S meeting room/press conference. Checks must be ma scheduled installation day.			
BANK TRANSFER Please reference your company name, exhibit and/o fees incurred will be the responsibility of the exhibitor.	r meeting room/press conference. Any	wire processing or transaction	
Bank transfer to: Comerica Bank, Detroit, MI 48226 Account # / Name: 1840263857			
For International Wire Transfer: Swift Code: MNBDUS33 Account # / Name:	1840263857 Convention & Show Service	es, Inc.	
CREDIT CARD For your convenience we accept Visa, MasterCard and by CSS in advance. By completing the information be amount of your advance orders, deposit amount, and representative acting on your behalf. Convention & Sour office prior to installation. Any balance that remain where applicable.	low you are authorizing Convention & Sho I any additional charges that may be inc Show Services, Inc. requires this form to b	ow Services, Inc. to charge the urred on show-site by you or a se completed and returned to	
Your signature below indicates acceptance of all term	ns and conditions outlined in the Service N	Manual.	
ccount Number:	Expiration I	Date:	
ardholder Name (Print):			
gnature:			
ardholder Billing Address:	City/State/Zip:		

THIS FORM MUST BE RETURNED TO CONVENTION & SHOW SERVICES FOR YOUR ORDERS TO BE PROCESSED