



## **PAYMENT POLICY**

Company Name:			
Address:			
City:	\$	itate:	ZIP:
Print Name:			
Authorized Signature:			
E-Mail Address:	Phone:		
Convention & Show Services, Inc. requires pre-payments allation. If you have not received a deposit sched CSS to obtain one. Orders for labor and services will not a whole unless prior arrangements have been request nove-in. We require your complete credit card inform	ule within 2 weeks of your t be honored if the required ed and approved by CSS.	scheduled install I deposit paymer Otherwise, this r	ation date, please contact nts are not made timely and nay result in a delay of your
xhibitors requesting third parties to pay their invoice r nclosed in this section. Payment for all labor and servine responsibility of the exhibitor.			
nal invoices will be completed approximately three and ays after receipt of invoice. Monthly finance charge ays or more.			
NETHOD OF PAYMENT: Please indicate your preferred r	method of payment:		
COMPANY CHECK lease make checks payable to Convention & Show Seneeting room/press conference. Checks must be made cheduled installation day.			
BANK TRANSFER lease reference your company name, exhibit and/or best incurred will be the responsibility of the exhibitor.	r meeting room/press conf	erence. Any wir	e processing or transaction
ank transfer to: Comerica Bank, Detroit, MI 48226   A Account # / Name: 1840263857   0		es, Inc.	
	1840263857   Convention 8	Show Services,	Inc.
or your convenience we accept Visa, MasterCard and your convenience we accept Visa, MasterCard and your CSS in advance. By completing the information belamount of your advance orders, deposit amount, and epresentative acting on your behalf. Convention & Sour office prior to installation. Any balance that remain where applicable.	ow you are authorizing Cor any additional charges the show Services, Inc. requires	nvention & Show at may be incurr this form to be	Services, Inc. to charge the ed on show-site by you or a completed and returned to
our signature below indicates acceptance of all term	s and conditions outlined ir	n the Service Ma	nual.
count Number:		Expiration Da	te:
rdholder Name (Print):			
nature:			
rdholder Billing Address:	City/State/Zip:		

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