

BILLING INFORMATION

SHOW NAME _____

EXHIBITOR NAME _____ LOCATION _____

“SETUP” DATE & TIME _____ “STRIKE” DATE & TIME _____

BILLING ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ FAX _____

ON-SITE CONTACT NAME _____

CREDIT CARD TYPE _____ NUMBER/ EXP DATE _____

COMPANY CHECK NUMBER _____ HOTEL GUEST ROOM NUMBER _____

MASTER ACCOUNT NUMBER (PMS) _____

AUTHORIZED SIGNATURE _____

DATE _____