



CREDIT AND PAYMENT POLICIES

Since 1969

BOOTH NUMBER _____

CLIENT _____ DATE _____

FUNCTION _____ LOCATION _____ JOB # _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____ PREPARED BY _____

ORDERED BY _____ / _____
PRINT NAME BILLING AUTHORIZATION SIGNATURE

CREDIT AND PAYMENT POLICIES

- All orders must be fully paid in advance to obtain the "Advance Price," and received no later than 14 days prior to show opening. Orders received after that time will be charged at the "Floor Price."
- Specific attention must be paid to each individual order form as policies may vary.
- All orders must be settled at our service desk prior to show closing.
- No credits will be issued after show closing. Credit will not be extended unless an approved credit rating has been granted. Credit applications are available upon request.
- Terms on any billed amounts are net _____ days. Past due amounts will be subject to late payment charge of 1.5% per month (18% per year). If the account is turned over for collection for any reason, an additional charge of 33 1/3% will be added.

AUTHORIZATION FOR CREDIT CARD CHARGES

- For your convenience CB Display Service, Inc. will accept Visa, Mastercard, and American Express for advance orders and charge your account for any services rendered.

Please complete the following information:

Charge to: Visa Mastercard* American Express

Account #: _____

Expiration Date: _____

* If using Mastercard indicate the 4 #'s above your name

Please Print the Following Information:

Full Name on Card: _____ Driver ID #: _____

Card Billing Address: _____

Cardholder's Signature: _____

AUTHORIZATION FOR THIRD PARTY BILLING

If you wish a third party to make payment on your behalf, please understand the following information and complete below:

- In the event the third party becomes delinquent, the exhibitor is responsible for payment of all charges upon demand.
- The third party must have a satisfactory credit rating with CB Display Service, Inc. Credit applications are available upon request.
- Form must be submitted and approved 14 days prior to show opening by both parties.

Third Party: _____ Phone #: _____

Address: _____

Authorized Third Party Signature: _____ Print Name: _____

Special Instructions: _____

THIS FORM MUST BE COMPLETED AND ACCOMPANY YOUR ORDERS

REMIT TO:



CB Display Service, Inc.
5141 South Procyon
Las Vegas, NV 89118
702/739-9301 Phone
702/739-8154 FAX
solutions@cbdisplays.com