

Return To:



430 W. VINE STREET, LEXINGTON, KY. 40507
(859) 233-4567 X 3781 FAX: (859) 254-8151

**THIS FORM SHOULD BE COMPLETED
AND RETURNED WITH ORDER !!!**

PAYMENT FORM

**DEADLINE for return of this form:
FEBRUARY 16, 2010**

NO CHECKS DRAWN ON A FOREIGN BANK
ACCEPTED, NOR CHECKS MARKED "PAYABLE IN
U.S. FUNDS". PLEASE ISSUE ON A U.S. BANK OR A
U.S. MONEY ORDER OR AMERICAN EXPRESS I
INTERNATIONAL MONEY ORDER. WE WILL ALSO
ACCEPT AMERICAN EXPRESS OR MASTERCARD OR
VISA CARD CHARGES. PLEASE WRITE THE
APPROPRIATE CHARGE ACCOUNT NUMBER AND
SIGN BELOW.

CREDIT CARD INFORMATION

PRINT Cardmember Name _____

Charge to: VISA MASTERCARD* AMERICAN EXPRESS *PLEASE indicate the three numbers located
on the back of your card above your name here: _____

Account Number: _____

Card Holder Signature _____ Expiration Date _____

Advance charges may be paid by company check but credit card information is required for freight (if applicable), additional services, or rentals ordered at the show site which will be invoiced to your **credit card**. At the conclusion of the show a complete invoice will be prepared and sent to you reflecting all charges and payments. No credit will be given after close of event on items or services ordered but not received. Please see LEXPO Exposition Services service desk personnel prior to opening if you have a problem.

IF PAYING BY CHECK

Check No. _____ Check Date _____ Check Amount _____

SERVICES AND EQUIPMENT ORDERED

If someone other than the exhibiting company will pay for items/services on this form, YOU MUST complete "Third Party Payment" information below.

_____ Electrical Service..... _____

CREDIT CARD PAYMENT FOR THIS AMOUNT \$ _____

THIRD PARTY PAYMENT

The exhibiting firm is primarily responsible for the payment of charges. In the event you have arranged for an exhibit house or other party to handle your display and the payment for all services, we will agree to this third party payment if they supply the appropriate credit card information above. Advance payment in full must accompany order including estimated labor and drayage charges. Additionally, both exhibiting company and third party representative must sign acceptance of the following statement: ALL UNPAID BALANCES WILL BE COLLECTED FROM 3RD PARTY REPRESENTATIVE IN ADVANCE WITH ORDER OR AT SHOW SITE BEFORE SERVICES CAN BE RENDERED. WE UNDERSTAND AND AGREE THAT WE, THE EXHIBITING FIRM, ARE PRIMARILY RESPONSIBLE FOR PAYMENT OF CHARGES. IN THE EVENT THE NAMED THIRD PARTY FAILS TO PAY ALL CHARGES, SUCH CHARGES WILL BE PAID; BY THE EXHIBITING COMPANY ON DEMAND.

_____ (Exhibiting Firm) _____ (Display House/3rd Party)

By: _____ (Authorized Signature) By: _____ (Authorized Signature)

_____ (Title) _____ (Title)

Name of Show: **SOUTHEAST THEATRE CONFERENCE**

Firm Name _____ Phone (_____)
_____ FAX# _____

Address _____ City and State _____ Zip Code _____

By _____ Name _____ Date _____

Signature Please Print (Must be received in our office by Dead-line)