Return To:

Geo. E. Fern co.

CONVENTION AND EXPOSITION
CONTRACTORS AND DECORATORS
645 LINN STREET * CINCINNATI, OHIO 45203-1722
TELEPHONE 513/333-7060 * FAX 513/333-7067

PAYMENT AUTHORIZATION FORM

DEADLINE for return of this form: September 29, 2006

THIS FORM **MUST** BE COMPLETED AND ACCOMPANY YOUR ORDER!

By signing this form you are accepting the terms, conditions, and limits of liability as stated on various forms pertaining to services rendered by the George E. Fern Co. and its contractors.

Our **CREDIT POLICY** requires **100% payment** with order for service, tax, and anticipated freight. This form with your **credit card** information for payment of advance and show site orders must be forwarded to the Geo. E. Fern Co. in order for us to provide any equipment or services. No Purchase Order Numbers will be accepted in lieu of payment. Full payment of rental charges must accompany your order to qualify for the discounted rates. **ALL orders received at the Service Desk will be charged at standard rates. A $40.00 surcharge will be added to your account if any credit charges for services are denied or if any checks are returned. TERMS: Due upon receipt. Unpaid accounts after 14 days from invoice date will accrue a service charge of 0.0575% per day, annual interest rate 21%.** Exhibitors will be responsible for all fees connected with the collection of their accounts.

CREDIT CARD INFORMATION

PRINT Cardmember Name _____

PRINT Cardmember Address _____

Card Holder Signature _____ Expiration Date _____

CHARGE TO: ☐ VISA* ☐ MASTERCARD* ☐ AMERICAN EXPRESS* ☐ DINERS CLUB ☐ DISCOVER*

* Include Security Code (3 digits on reverse side of card)
(4 digits on front of AMEX only)

Account Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐

Advance charges may be paid by company check but credit card information is required for freight, 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.

SERVICES AND EQUIPMENT ORDERED

If someone other than the exhibiting company is to be invoiced for items/services on this form, YOU MUST complete "Third Party Billing" information below.

RENTAL	Modular Rental Display Order Form	$ _____
	Modular Component/Accessory Rental Order Form	$ _____
	Furniture Rental Order Form	$ _____
	Custom Furniture Rental order Form	$ _____
	Carpet Rental Order Form	$ _____
	Wire Mesh Grids Rental Order Form	$ _____
	Sign and Art Work Order Form	$ _____
SHIPPING	Shipping Information and Freight Service Order Form (NON-TAXABLE)	$ _____
SERVICES	Forklift to Rig in Booth	$ _____
	SUBTOTAL	$ _____

Remit to George E. Fern Co.

Include 6.50 % STATE SALES TAX $ _____

CREDIT CARD PAYMENT FOR THIS AMOUNT

GRAND TOTAL $ _____

If you prefer bank wire transfer: Send to National City Bank, Cincinnati, Ohio, ABA #041000124, Account #983644404. Reference your Company Name/Show Name/and Booth Number. Add $25.00 for processing wire transfer.

THIRD PARTY BILLING

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 be billed for all services, we will agree to this third party billing if they supply the appropriate credit card information above. **Advance payment in full must accompany your order including estimated labor and drayage charges.** Additionally, both firms must sign the following statement:

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 FIRM ON DEMAND, INCLUDING ANY AND ALL FEES CONNECTED WITH THE COLLECTION OF THIS ACCOUNT.

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

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

_____ (Title) _____ (Title)

Name of Event **M S & T #2153-06** Booth Number _____

Firm Name _____ Phone(___) _____ Fax(___) _____

Address _____ E-Mail _____
Street City, State Zip Code

Print/Type Name _____ Signature _____ Date _____