PAYMENT AUTHORIZATION FORM





115 Moonachie Avenue Moonachie, NJ 07074 Ph: 201.994.1300 Fax: 201.994.1350

This form must be completed and returned with your order

Company														
Company									Boo	otn				
Address														
Ordered by	Title													
Phone #			Fax				E-n	nail						
				(Calcu	late To	tals							
Booth Furnishii	ngs Order I	-orm												
									G	RANI	тот	AL	L	
			P	AYME	NT A	UTHOR	ZAT	ION						
YOUR SIGNATU	RE ON PAY	MENT A				RM DENO JR SERV				ICE O	F ALL	TERN	/IS &	CONDITIONS
Company Check	Check Make payable to Metropolitan Exposition Services and reference TEXWORLD.													
Wire Transfers	If paying by wire transfer, please include a \$25.00 surcharge for bank fees. Please call Metropolitan Exposition for wire transfer information.													
Credit Card	For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include all Metropolitan Exposition Services, Inc. or any charges that Metropolitan Exposition Services, Inc. may be obliged to pay on behalf of Exhibitor, including without limitation, any material handling charges and/or labor charges. Please complete the information requested below. AMEX NISA MasterCard													
ACCOUNT NU	JMBER						1.02			Ī				EXP. DATE
SECURITY (Visa/MasterCard 3 Digits on back of card Amex 4 Digits on front of card													
Cardholder Printed	d Name:													
Cardholder Signat	ure:													
Cardholder Billing	Address: _													
City/State/Zip:														
*** I authorize Me limited to, labor to								it car	d for	any ad	dditiona	al am	ount	including, but r
CARDHOLDER SIG	SNATURE								DA ⁻	TE				

PAYMENT POLICY: Metropolitan Exposition Services, Inc. requires payment in full including applicable taxes at the time services are ordered. All services will be denied without complete payment. All adjustments to charges are to be made at show site. NO CREDITS WILL BE MADE AFTER SHOW CLOSING. Payments in check form must be in US Dollars from a US Bank.

Tax Exempt Status: If you are exempt from paying sales tax, you must forward a certificate of exemption for the state in which the services are to be used. Resale certificates are not valid unless you are rebilling these charges to your customer.

BOOTH FURNISHINGS ORDER FORM





Jacob K. Javits Convention Center

115 Moonachie Avenue Moonachie, NJ 07074 Ph: 201.994.1300 Fax: 201.994.1350

July 3, 2007

Discount Price Deadline Date

Payment Authorization Form must accompany Order

Item #	Description	Discount Standard Price Price		Color	Total Price
1052	Chrome Rolling Garment Rack	\$97.25	\$145.75	Chrome	
2016	1M Information Counter	\$324.00	\$486.00	White	
1011	Upholstered Side Chair	\$68.75	\$103.25	Gray	
1007	30" x 30" High Round Pedestal	\$163.50	\$245.25	Black	
1049	4-Way Slanted Arm	\$118.25	\$177.25	Chrome	

SUBTOTAL = _____ + TAX @ 8.375% = ____ =

Payment Authorization Form must accompany order

Cancellation Policy: Items cancelled will be charged 50% after move-in begins and 100% after installation

WALL MOUNTED DISPLAY RACK ORDER FORM





115 Moonachie Avenue Moonachie, NJ 07074

Discount Price Deadline Date

July 3, 2007

Payment Authorization Form must accompany Order

Ph: 201.994.1300 F		must accompany Order				
Company Name		Во	Booth #			
Contact Name		Ph	Phone #			
WALL MOUNTED D	ISPLAY RAC	CKS** (6" OFF	OF WALL)			
Qty Item #	Item Desc	ription	Discount	Standard	Color	Total
3002	2 meter di	splay rack	\$ 99.75	\$ 149.75	Chrome	
3003	3 meter di	splay rack	\$ 141.75	\$ 212.75	Chrome	
SUBTO)TAL =	+ TA)	(@ 8.375% =	= TOT	AL	
Cancellati	on Policy: Iter	ms cancelled wil	l be charged 50% after	move-in begins ar	nd 100% after installa	ation
		Payı	ment Authorization	Form		
Company Check	Make payabl	e to Metropolitar	n Exposition Services an	d reference TEXW	ORLD.	
Wire Transfers	If paying by	wire transfer nle	ase include a \$25.00 sur	charge for bank fee	es Please call Metro	onolitan
vvii e i i ulisiei s		or wire transfer		enarge for burne fee	os. Trouge carrivacers	оронин
Credit Card	For your con	venience, we wil	l use this authorization t	o charge your cred	it card account for yo	ur advance
			ounts incurred as a resul			
			l Metropolitan Exposition be obliged to pay on be			
	material hand	dling charges and	or labor charges. Pleas	se complete the info	ormation requested be	elow
		AMEX	□ VIS.	A 🔲	MasterCard	
ACCOUNT NUM	BER					EXP. DATE
SECURITY COI	DE		Visa/MasterCard 3 D	igits on back of c	ard	
			Amex 4 Digits on fro			
Cardholder Printed Nam	ne.					
	_					
Cardholder Signature:						_
Cardholder Billing Add	ress:					
City/State/Zip:						
*** I authorize Metropolabor to install or disma				d for any additional	l amount including, b	out not limited to
CARDHOLD SIGNATUREDATE						
PAYMENT POLICY: are ordered. All servic CREDITS WILL BE M	es will be den	ied without com	plete payment. All ad	justments to charg	es are to be made a	t show site. NO

Equipment: You are responsible for payment on any Metropolitan Exposition Services, Inc. equipment within your booth

services are to be used. Resale certificates are not valid unless you are rebilling these charges to your customer.

By signing this form you are acknowledging if your order is received after the Discount Price Deadline Date you are subject to higher rates.

Tax Exempt Status: If you are exempt from paying sales tax, you must forward a certificate of exemption for the state in which the