



Mailing Address:
P. O. Box 49837
Greensboro, NC 27419
Phone: (336) 315-5225

Street Address:
121 N. Chimney Rock Rd.
Greensboro, NC 27409
Fax: (336) 315-5220

IMPORTANT NOTICE

**SIGNED AUTHORIZATION FORM
MUST ACCOMPANY YOUR ORDER.**

PAYMENT POLICY AND CREDIT CARD CHARGE AUTHORIZATION FORM

PAYMENT POLICY **We require your credit card authorization to be on file with Hollins Exposition Services.**

Payment may be made by check drawn on a U.S. Funds Account, MasterCard, VISA or American Express; however, we require your credit card authorization to be on file with Hollins Exposition Services.

For your convenience, we will use this authorization to charge your credit card for any additional amounts incurred as a result of show site orders placed by your representative for this event.

- ADVANCE ORDERS:** For your order to be processed, and to receive Discount Rates, full payment must accompany your order.
- SHOW SITE ORDERS:** Show site orders will be subject to Standard Rates and processed only with full payment when placed.
- SHIPPING FREIGHT AND/OR ORDERING RIGGING LABOR OR INSTALLATION/ DISMANTLE LABOR:** Prior to the close of the show, an invoice will be prepared and delivered to your booth. Unless you have corrections that are brought to our attention at the Service Desk, or choose to pay your invoice by check, your order will be processed for payment on your credit card. **NOTE:** If rigging or dismantle labor is needed on move-out, these charges will be put on your credit card and your copy of the receipt and invoice will be mailed to you within (10) days of the close of the show.

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| CREDIT CARD AUTHORIZATION (Information Must Be Provided) | | EXPIRATION DATE | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> VISA | <input type="checkbox"/> American Express | | | | | | | | | | | | | | | | | | | |
| Account Number | | <input type="checkbox"/> Corporate <input type="checkbox"/> Personal | | | | | | | | | | | | | | | | | | | |
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| PRINT CARDHOLDER NAME | | SIGNATURE OF CARDHOLDER | | | | | | | | | | | | | | | | | | | |

UNPAID BALANCES - Should there be any unpaid balance after the close of the show, terms will be net, due and payable upon receipt of invoice. Effective 30 days after invoice date, any unpaid balance will bear a **FINANCE CHARGE** at the lesser of the maximum rate allowed by applicable law, or 1.5% per month, which is an **ANNUAL PERCENTAGE RATE** of 18%. If any finance charge hereunder exceeds the maximum rate allowed by applicable law, the finance charge shall automatically be reduced to the maximum rate allowed, and any excess finance charge received by HOLLINS EXPOSITION SERVICES shall be either applied to reduce the principle unpaid balance or refunded to the exhibitor. This Payment Policy agreement shall be governed by and construed in accordance with the LAWS OF THE STATE OF VIRGINIA.

| Calculation of Orders | PURCHASE ORDER IS NOT CONSIDERED PAYMENT. | TOTAL |
|-----------------------------------|---|-------|
| Furnishings and Carpet | | \$ |
| Plants and Floral Arrangements | | \$ |
| Cleaning Services | | \$ |
| Installation / Dismantle Labor | | \$ |
| Forklift Installation / Dismantle | | \$ |
| Material Handling (Freight) | | \$ |
| Other Hollins Services (Specify) | | \$ |

FULL PAYMENT in U.S. funds drawn on a U.S. Bank \$

To simplify payment, send one check payable to Hollins Exposition Services for your entire order or note the amount to be charged to your credit card. Charge my credit card in the amount of \$

Check No. Date In the amount of \$

ALL EXHIBITORS MUST FILL OUT COMPLETE INFORMATION BELOW: PLEASE TYPE OR PRINT

NAME OF EVENT _____

EXHIBITING FIRM _____ BOOTH NO. _____

ADDRESS _____

CITY AND STATE _____ ZIP CODE _____

AUTHORIZED BY _____ X
(Please Type or Print) (Signature)

TELEPHONE NO. _____ DATE _____