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**THIRD  
 PARTY  
 BILLING**

## Wisconsin State Music Conference 2017

Monona Terrace, October 26 - 27, 2017

This form is to be used if you wish to have a Third Party handle your display, and be billed for services.

The Recap of Costs Payment Form should be completed by the Third Party to be billed for services, **however, we must also be provided with the Exhibiting Company's credit card information below for our files.** Unless otherwise requested, all charges incurred will be billed to the Third Party.

It should be understood that by signing this form or placing an order the Exhibiting Company agrees it is ultimately responsible for payment of charges. **If your Third Party does not pay all charges in full before the end of the show, all charges will revert to the exhibiting company, due on receipt.**

**All information below must be completed by the respective parties:**

### Third Party Information

\_\_\_\_\_  
 Third Party

\_\_\_\_\_  
 Billing Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Phone Fax

**X**  
 \_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Print Authorized Name

\_\_\_\_\_  
 EMAIL ADDRESS

### Exhibiting Company Information

\_\_\_\_\_  
 Exhibiting Company

\_\_\_\_\_  
 Billing Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Phone Fax

**X**  
 \_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Print Authorized Signature

\_\_\_\_\_  
 EMAIL ADDRESS

Please indicate any services that should **not** be billed to the Third Party:

\_\_\_\_\_

### Exhibiting Company's credit card information:

\_\_\_ Visa \_\_\_ MC \_\_\_ Amex \_\_\_ / \_\_\_ Exp. Date \_\_\_ CVC2  
Last 3 digits on back of card, 4 digits on front of AMX

Account #: \_\_\_\_\_

**X**  
 \_\_\_\_\_  
 Cardholder's Signature

\_\_\_\_\_  
 Print Cardholder's Name

\_\_\_\_\_  
 Cardholder's Billing Address City State Zip

