

**VALLEY**  
BETTER IDEAS. BETTER RESULTS.  
valleyexpodisplays.com



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**THIRD  
PARTY  
BILLING**

## Wisconsin State Music Conference 2019

Monona Terrace, October 24-25, 2019

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 Cost & Payment Form **MUST** be completed by the Third Party to be billed for services, **however, we also must 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.**

Exhibiting Company Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

Exhibitor Name: \_\_\_\_\_

Exhibitor Signature: \_\_\_\_\_

Exhibiting Company's credit card information:

\_\_\_ Visa \_\_\_ MC \_\_\_ Amex \_\_\_ Discover \_\_\_ / \_\_\_ 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

Exhibiting  
Company  
Information

Indicate which services are to be invoiced to the Third Party:

\_\_\_ ALL VALLEY SERVICES  
\_\_\_ I&D LABOR/SUPERVISION  
\_\_\_ MATERIAL HANDLING IN & OUT

\_\_\_ RENTAL FURNITURE/CARPET/SIGNS  
\_\_\_ BOOTH CLEANING  
\_\_\_ OTHER: \_\_\_\_\_

Services  
to be  
billed to  
third party

Third Party Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-Mail for Invoice: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Third Party Company's credit card information:

\_\_\_ Visa \_\_\_ MC \_\_\_ Amex \_\_\_ Discover \_\_\_ / \_\_\_ 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

Third Party  
Company  
Information

