

**THIRD PARTY AUTHORIZATION FORM**

**To authorize CSI etc. to invoice a third party for payment of services rendered to exhibitors, both the exhibiting company and the third party must complete this form and return it at least 14 days prior to the show move-in.**

**Gratuities**

CSI etc. requests that exhibitors do not offer gratuities to our employees, as they are paid an excellent wage denoting a professional status. Any request for tips should be brought to the attention of a representative at the CSI etc. Service Desk.

**EXHIBITING COMPANY AUTHORIZATION OF THIRD PARTY BILLING**

“We understand and agree that we, the exhibiting company, are ultimately responsible for payment of charges and agree to be bound by all terms and conditions as described in the Terms & Conditions sections of this service kit. In the event that the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert back to the exhibiting company. All invoices are due and payable upon receipt, by either party. The items checked below are to be invoiced to the third party.”

**Safety**

Standing on chairs, tables or other rental furniture is prohibited. Rental furniture is not made to support standing weight. CSI etc. cannot be responsible for injuries or falls caused by the improper use of furniture. If assistance is required to assemble your exhibit, see an Exhibitor Service Representative at the CSI etc. Service Desk or the enclosed Labor Order form.

**Exhibiting Company Information**

Exhibiting Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_  
 Exhibiting Company Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Indicate which services are to be invoiced to the Third party:**

All Services     I&D Labor/Supervision     Material Handling     Rental Items     Other

**Third Party Company Information**

Third Party Company Name: \_\_\_\_\_  
 Third Party Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**THIRD PARTY CREDIT CARD AUTHORIZATION**

Card Type:	AMEX	VISA	MC	DISC	Card#	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>													
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Cardholder's Signature:	_____															Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

The above signatory authorizes the credit card to be charged for the above orders, plus any additional charges or balances due for material handling or labor during the event. The signatory has read and agrees to the CSI etc. Payment Policy included in the Exhibitor Kit. A \$50 service charge will be applied should the credit card charges be declined.