THE EXPO GROUP
Your Single Source Solution®

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Log onto **cyberservices@ www.theexpogroup.com**

CYBER SERVICES
THIRD PARTY PROVIDER AUTHORIZATION

This form MUST BE COMPLETED BY THE EXHIBITING COMPANY if orders or payments are to be made to THE EXPO GROUP by a party other than the Exhibiting Company.

1 *Third Party Information*

Show Name _____Booth number_____

Company Name _____

Contact Name _____

Billing Address _____

City, State, Zip _____

Telephone _____ Fax _____

Cell _____ Pager _____

E-mail _____

☐ American Express ☐ Visa ® ☐ MasterCard ® ☐ Discover Card ☐ Diners Club

Account Number: | | | | | | | | | | | | | | | | Expiration Date: _____

Card Holder Name: _____
(Please Print)

Authorized Signature: _____

2 *Services To Be Invoiced*

Please include which items/services are to be invoiced to the third party:

☐ All Services ☐ Booth Labor

☐ Material Handling ☐ Other (Please list) _____

3 *Acknowledgement of Exhibiting Firm*

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges incurred. In the event the third party named above does not make payment, such charges will be presented to the exhibiting firm, and exhibiting firm will make payment to The Expo Group prior to the close of the show.

Exhibiting Firm _____

Address _____

City, State, Zip _____

Authorized Signature _____

Print Name _____ Date _____

Phone _____ E-mail _____

SINGLE 1 SOURCE®