



6575 Delilah Road P: 609-485-2421 PO Box 3000 F: 609-485-2392 Pleasantville, NJ 08232 WWW.VISTACS.COM

ATLANTIC CITY CONVENTION CENTER ATLANTIC CITY, NJ DECEMBER 10-11, 2024

PAYMENT & CREDIT CARD AUTHORIZATION FORM

Please complete the information requested & return payment in full with this form and your orders. You may choose to pay by credit card, check or bank wire transfer, however; WE REQUIRE YOUR CREDIT CARD AUTHORIZATION TO BE ON FILE WITH VISTA CONVENTION 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.

Custom Furnishings Carpet/Carpet Padding VCS Modular Rental U Fabric Backwall Displa Estimated Labor Monthly Long Term St Priority Empty Contain	Jnit	*ADD 6.6259 NET AMO	SUI % NJ SA	B TOTA LES TA UE VIST	\$ \$ \$ \$ \$ \$ L \$ X \$					
INDICATE PAYMEN	T METHOD:									
Check #	Dated		_ Amo	ount \$_						
Charge to: Mast	erCard VISA Ame	erican Express								
Account #										
Expiration Date										
CVV										
Cardholder's Name										
		(Print or Type				State	;	Zip	· · · · · · · · · · · · · · · · · · ·	
Signature						_				
Company Name						Boot	h #			
City				S	tate			Zip		
Ordered by (Print or Ty	/pe)		E-Mai	1						
Signature										

Submit order with payment to: orders@vistacs.com before deadline date!



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PAYMENT POLICIES

- Orders received without full payment or credit card information will **NOT** be processed.
- A credit card on file is *required* when using Vista Convention Services
- All charges *must* be paid prior to close of show.
- For your convenience, we accept the following methods of payment: cash, checks and money orders drawn on U.S. banks in U.S. funds, and credit cards including VISA, MasterCard and American Express.
- Purchase Orders are not considered payment, therefore, a check or credit card is required.

WIRE TRANSFER

- Bank information call Vista Convention Services (609) 485-2421 or e-mail: dvenezia@vistacs.com
- Wire transfers must be initiated and confirmed at least two weeks before move-in.
- Wire transfers must include the show name, company name and booth number.
- Due to various processing fees we incur from banks clearing wire transfers into our accounts, Vista will charge the following fees:
 - ⇒ Domestic incoming wire transfer fee: \$25.00
 - ⇒ International incoming wire transfer fee: \$35.00

CANCELLATIONS & ADJUSTMENTS

- Items cancelled before the deadline date will be refunded at 50%, unless otherwise noted on Order Form.
 NO REFUNDS AFTER DEADLINE DATE.
- **NO** adjustments will be made after close of the show.

TAX EXEMPTION

- If tax exempt, a copy of your tax exempt certificate MUST accompany your order. This is NOT a resale certificate.
- NO adjustments for tax exempt status will be made after close of the show.

THIRD PARTY PAYMENT BILLING

• The exhibiting company is ultimately responsible for the payment of all charges. If no arrangements are made for payment of invoice (s) by the third party prior to the last day of the show, charges will revert back to the exhibitor.

MISCELLANEOUS

- NO telephone orders accepted
- Rental items not ordered, yet found in booths, are invoiced at "Standard" pricing.
- All prices are in U.S. dollars (\$).
- All rental items are subject to applicable taxes.
- All rental items remain the property of Vista Convention Services.



EVHIDITING COMPANY NAME:



ATLANTIC CITY CONVENTION CENTER ATLANTIC CITY, NJ DECEMBER 10-11, 2024 DEADLINE DATE: NOVEMBER 25, 2024 6575 Delilah Road P: 609-485-2421 PO Box 3000 F: 609-485-2392 Pleasantville, NJ 08232 WWW.VISTACS.COM

ROOTH#

THIRD PARTY AUTHORIZATION & STATEMENT OF PAYMENT TERMS

You may arrange for a third party to handle your display and be billed for services. *Vista Convention Services* will agree to this arrangement if the third party has a satisfactory payment record with us. **BOTH** firms must complete this form. Return this form by the Discounted Deadline Date. In the event of nonpayment by the third party, the exhibitor agrees to accept responsibility for payment of all charges incurred. **Should the third party fail to present full payment at show site, the exhibitor will assume responsibility for payment.**

EARIBITING COMPANY NAME. DOCTIT
CONTACT PERSON: SIGNATURE:
CHECK ITEMS TO BE BILLED TO THIRD PARTY:
All ServicesMaterial Handling/In and Out
I&D LaborRental Furniture & Carpet Other (Please specify)
THIRD PARTY'S CREDIT CARD CHARGE AUTHORIZATION **Information must be provided**
□ MasterCard □ Visa □ American Express Expiration Date □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Account Number CVV
Cardholder's Signature Print Name
Cardholder's Billing Address City State Zip Country
Third party name:
Contact person:signature:
Show site representative:
PHONE NUMBER: EMAIL:
S-1
Submit order with payment to: orders@vistacs.com before deadline date!