

Visual FX, Inc.
 2575 Northwest Parkway
 Elgin, IL 60124
 Phone 847.426.3100
 Email: Rob@visualfxav.com



Exhibitor Information / Method of Payment

Show Name: _____
 Exhibitor: _____
 Booth Number: _____
 Contact Name: _____
 Address: _____
 City, State, Zip: _____
 Phone Number: _____
 Fax: _____
 Email: _____
 Show Site Contact if Different Than Above: _____
 Cell Phone: _____

For Use of an Exhibitor Appointed Contractor / Third Party

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges and agree to be bound by all terms and conditions as described in the Terms & Conditions section 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.

Authorized Signature for Exhibiting Company _____

Visual FX Orders

Audio Equipment	\$	_____
Video Equipment	\$	_____
Screens	\$	_____
Computer Systems	\$	_____
Miscellaneous Accessories	\$	_____
Delivery/Pickup	\$105	_____
Total Visual FX Orders	\$	_____

Method of Payment / Credit Card Charges:

For your convenience, we will use this authorization to charge your credit card account for your advance orders and any additional amounts incurred as a result of show site orders placed by your representative.

Please circle appropriate credit card

Please provide credit card number ~

MasterCard **Visa** **American Express** Number: _____
 Expiration Date: _____ Security Code: _____
 Cardholder's Signature: _____
 Name Printed: _____
 Address (if different than above) _____

PLEASE IMPRINT YOUR CARD USING A PENCIL TO TRACE OVER THE NUMBERS

Company Check - Please note show name on check! Date check being mailed: _____

Email orders to: rob@visualfxav.com

Mail to: 2575 Northwest Parkway, Elgin, IL 60124