

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	\$145	_____
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