



**THIRD PARTY PAYMENT POLICY**

**Capital Convention Contractors will invoice third parties for payment of services rendered to exhibitors provided the following conditions are met:**

1. The payment record of the third party is acceptable to *Capital*.
2. This completed form is signed by both parties and returned to *Capital* at least 14 days prior to move-in.
3. **A completed Credit Card Authorization Form MUST accompany this form from each party.**
4. Capital's prepayment policy is adhered to; i.e. orders must be received with payment by the deadline dates.
5. If there is any doubt which party is to be invoiced for a service, the exhibiting firm accepts responsibility for payment upon presentation of invoice at show site.
6. The exhibiting firm is ultimately responsible for payment of all charges by show conclusion.
7. Both parties have read and understand the Liability and Insurance Bulletin included in this packet and as stated on the enclosed sheets.

**Please indicate which of the following items/services are to be invoiced to the third party:**

<input type="checkbox"/> All Capital Services	<input type="checkbox"/> Freight Handling
<input type="checkbox"/> Furniture/Accessories	
<input type="checkbox"/> Labor	<input type="checkbox"/> Other (specify) _____

**We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges incurred. In the event the named third party does not make payment upon presentation of invoice at show site, such charges will be presented to the exhibiting firm for payment before the close of the show.**

**Exhibiting Firm**

Company Name \_\_\_\_\_ Booth # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

**Display House 3<sup>rd</sup> Party**

Display House 3<sup>rd</sup> party \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip Code \_\_\_\_\_  
 Phone (    ) \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

## ORDER SUMMARY

**Payment Policy:** All orders faxed or mailed to Capital must be accompanied by a Credit Card Authorization Form. Payment in full is due at show site. Absolutely no show site orders will be executed prior to full payment of all customer bills.

**Calculate your order total:**

<b>Service</b>	<b>Amount Due</b>
Exhibitor Booth Labor*	\$ _____
Material Handling*	\$ _____
Furnishings & Accessories	\$ _____
Custom Exhibit Rental	\$ _____
Miscellaneous	\$ _____
RI Tax 7.00%	\$ _____
<b>TOTAL ESTIMATED CHARGES \$</b>	_____

\*indicates nontaxable services

**PLEASE BE AWARE OF OUR PAYMENT AND PRICING POLICIES**

**ALL CHARGES MUST BE PAID PRIOR TO THE CLOSE OF THE SHOW**

**ORDERS RECEIVED WITHOUT FULL PAYMENT OR CREDIT CARD INFORMATION WILL NOT BE PROCESSED**

**MAKE CHECKS PAYABLE TO: CAPITAL CONVENTION CONTRACTORS**

Checks must include exhibiting firm name and booth number

PLEASE COMPLETE THE FOLLOWING INFORMATION ON EACH ORDER SHEET. I have read and understand the Liability and Insurance Bulletin included in this packet and as stated on the enclosed sheets.

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_ Booth # \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email address \_\_\_\_\_

Authorized Signature \_\_\_\_\_

If you have any questions, please feel free to contact Exhibitor Services at the number below.

**EMAIL, MAIL OR FAX FORM TO:**

Capital Convention Contractors · 153 Northboro Rd · Suite 6 · Southborough, MA 01772  
Phone 877-335-3700 · Fax 508-481-1150 · Email [help@capitalconventions.com](mailto:help@capitalconventions.com)