



CREDIT CARD AUTHORIZATION FORM

All orders are governed by the GES Payment Policy and GES Terms & Conditions specified in this Exhibitor Services Manual.

6292 - 50 St. NW, Edmonton, Alberta, T6B 2N7 Tel: 780.469.7767 Toll Free: 1.877.505.7767
edmonton@ges.com www.ges.com/ Instagram/Twitter: GES_Canada

The Franchise Expo
Edmonton EXPO Centre
September 30 - October 1, 2023



Exhibiting Company Name				Booth Number
Address	City	Province/State	Postal/Zip	Country
Name of Primary Contact		Phone	Email	
Name of Show Site Contact		Phone	Email	

Please indicate if you will be using a Third Party for billing of services:

☐ No ☐ Yes (please complete/return the "Third Party Billing Form")

ORDER SUMMARY

PRODUCT/SERVICE PAGE	SUB-TOTAL (FROM ORDER FORM)	PRODUCT/SERVICE PAGE	SUB-TOTAL (FROM ORDER FORM)
	\$	Exhibit Accessories Order Form	\$
	\$	Plants & Floral Order Form	\$
	\$	Labour Order Form	\$
Furnishings Order Form (2 pages)	\$		\$
Carpet & Underpad Order Form	\$	Material Handling Order Form	\$
Specialty Furniture Order Form (2 pages)	\$		

Note: Not all forms/services are available for all events.

Sub-Total for all items		+	5% G.S.T		=	Total Payment	
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All funds listed in Canadian dollars.
GST # 104060264

CREDIT CARD AUTHORIZATION (required for all forms of payment)

Orders will not be accepted without the receipt of a completed "Credit Card Authorization Form". A completed "Credit Card Authorization Form" be kept on file even if the Exhibitor is paying by cheque or EFT/Wire Transfer (completed "EFT/Wire Transfer Form" required). All services must be pre-paid in full.

Cardholder Name (please print)				
Billing Address	City	Province/State	Postal/Zip	Country
Name of Primary Contact		Phone	Email	
Method of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT/Wire Transfer <input type="checkbox"/> Cheque				
Account Number:		Expiry Date:		
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		CVV:		

This "Credit Card Authorization Form" allows GES to charge any fees outstanding after event close to this credit card (including funds owed due to a cheque returned as NSF).

TOTAL AND SIGN

Please Sign	I agree in placing this order that I have accepted the GES Payment Policy and the GES Terms & Conditions.	<input checked="" type="checkbox"/>	Authorized Signature
			Authorized Name (please print)
			Date



ELECTRONIC FUNDS / WIRE TRANSFER FORM

5675 McLaughlin Road, Mississauga, Ontario, L5R 3K5 Tel: 905.283.0500 Toll Free: 1.877.437.4247
ar@ges.com www.ges.com/ca

Please complete and return this form, along with your transaction confirmation, to:
GES Accounts Receivable ar@ges.com

EXHIBITOR INFORMATION

COMPANY NAME: _____
CONTACT NAME: _____ PHONE: _____ EMAIL: _____
EVENT NAME: _____ BOOTH NUMBER: _____

GES BANKING INFORMATION

BENEFICIARY'S NAME: **GES Canada Limited**
BANK NAME: **Bank of Montreal**
BANK ADDRESS: **595 - 8th Ave SW, Calgary, AB, T2P 1G1**

TO SEND CANADIAN DOLLARS (\$CDN)

EFT / DIRECT DEPOSIT:

INSTITUTION CODE: **001**
TRANSIT NUMBER: **00109**
ACCOUNT NUMBER: **1967-990**

WIRE TRANSFER:

ACCOUNT NUMBER: **1967-990**
BENEFICIARY'S BANK: **//CC000100109**
SWIFT CODE: **BOFMCAM2**

TO SEND AMERICAN DOLLARS (\$US)

EFT / DIRECT DEPOSIT:

INSTITUTION CODE: **001**
TRANSIT NUMBER: **00109**
ACCOUNT NUMBER: **4773-410**

WIRE TRANSFER:

ACCOUNT NUMBER: **4773-410**
BENEFICIARY'S BANK: **//CC000100109**
INTERMEDIARY BANK: **Wells Fargo Bank (FKA Wachovia)**
SWIFT CODE: **PNBPUS3NNYC**
ROUTING / BIC / NCC / BSC / ABA NUMBER: **026005092**

PAYMENT DETAILS

PLEASE NOTE: A minimum bank charge is applicable to all EFT/Direct Deposit/Wire Transfers and is payable by the exhibitor.
\$20.00 (within North America) or \$40.00 (International)

TOTAL AMOUNT OF ORDER/INVOICE: \$ _____
BANK CHARGE (see note above): + \$ _____
TOTAL PAYMENT: \$ _____

INVOICE/ORDER #: _____
DATE OF TRANSFER: _____
CURRENCY: ☐ \$CDN ☐ \$US

PLEASE NOTE:

- Please ensure transfer is made by the deadline date listed on your Order Form or Invoice.
- Additional charges will be applied for late payments and services may be delayed.
- **Minimum bank charges (as shown above) reflect GES' bank only. Exhibitor is responsible for payment of any additional fees applied by their financial institution.**



THIRD PARTY BILLING FORM

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*** Return this form when a third party (any party other than the exhibiting company) ("Agent") should be billed for services.**

STEP 1 - EXHIBITING COMPANY INFORMATION

Exhibiting Company Name				Booth Number
Address	City	Province/State	Postal/Zip	Country
Name of Primary Contact		Phone	Email	
Name of Show Site Contact		Phone	Email	

STEP 2 - INDICATE SERVICES TO BE BILLED TO THIRD PARTY

☐ **All Services**

(If the Third Party is **not** to be invoiced for "all services", please select specific services below. Exhibitor is required to complete & return the "Credit Card Authorization" with this form if the Third Party is not to be invoiced for all services.

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Rental Exhibits | <input type="checkbox"/> Furnishings & Decor | <input type="checkbox"/> Booth Cleaning | <input type="checkbox"/> In-Booth Forklift Services | <input type="checkbox"/> Logistics & Shipping |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Carpet & Underpad | <input type="checkbox"/> Labour Services | <input type="checkbox"/> Material Handling | <input type="checkbox"/> Customs Brokerage |
| <input type="checkbox"/> Other (please specify) | | | | |

STEP 3 - THIRD PARTY INFORMATION

Third Party Company Name				
Address	City	Province/State	Postal/Zip	Country
Name of Primary Contact		Phone	Email	
Name of Show Site Contact		Phone	Email	

STEP 4 - CREDIT CARD AUTHORIZATION (required for all forms of payment)

Cardholder Name (please print)				
Billing Address	City	Province/State	Postal/Zip	Country
Name of Primary Contact		Phone	Email	
Name of Show Site Contact		Phone	Email	
Method of Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> EFT/Wire Transfer <input type="checkbox"/> Cheque				
Account Number:			Expiry Date:	
<div><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</div>			CVV:	

GES reserves the right to deny any Third Party billing request that is not complete or not received by the Advance Price Deadline Date. It is understood and agreed that the Exhibiting Company is ultimately responsible for payment of charges for services requested by the Exhibiting Company or its Agents, and for all acts and/or omissions of its Agents. If an Agent does not pay the invoice by the last day of the event, charges will revert to the Exhibiting Company. All invoices are due and payable upon receipt. GES' Terms & Conditions of Contract and GES' Payment Policy apply to both the Exhibiting Company and all Agents. We require your complete credit card information even if you are paying by cheque or EFT/Wire Transfer.

TOTAL AND SIGN

Please Sign	I agree in placing this order that I have accepted the GES Payment Policy and the GES Terms & Conditions.	X
Total Payment		Authorized Signature
		Authorized Name (please print)
		Date



PAYMENT POLICY

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ADVANCE PRICING:

To qualify for the Advance Price, orders must be received **with full payment on or before the Advance Price Deadline Date**. Advance Price for online orders and offline (email/fax) orders varies. After the Advance Price Deadline Date has passed, orders will be charged the Standard Price as listed online and on the order forms. Orders without payment will not be processed until payment is received and may be charged the Standard Price.

ON-SITE PRICING:

All orders received beginning on the first day of event move-in, through to the completion of the event, will be charged the On-Site Price. The On-Site Price is calculated at an increase of 20% to the Standard Price listed online and on the order forms.

METHOD OF PAYMENT:

GES accepts VISA, MasterCard, American Express, Debit, EFTs/Wire Transfers and cheques as methods of payment. Purchase Orders are not considered payment. Exhibitors will be charged \$20.00 for cheques returned as NSF.

EFT/WIRE TRANSFER INFORMATION:

To properly credit your account, please complete the "*Electronic Funds/Wire Transfer Form*" included within this exhibitor manual. **Note:** There is a minimum service charge applicable on all EFT/Wire Transfers (\$20.00 North America, \$40.00 International). Any additional fees are the responsibility of the Exhibitor and may vary depending on processing bank. Please ensure that transfers are received a minimum of ten (10) days prior to the event.

PAYMENT SCHEDULE:

Payment for all GES products and/or services must be pre-paid in full. GES will not provide Material Handling, In-Booth Forklift, and/or Labour Services without a completed "*Credit Card Authorization Form*" on file.

THIRD PARTY BILLING:

Exhibitors may arrange for an Exhibitor Appointed Contractor (EAC) or Third Party agent to manage their exhibit and order services on their behalf. GES will agree to this arrangement provided that the EAC/agent makes satisfactory payment arrangements with us. In the event that an authorized EAC/agent does not pay for GES services as agreed upon, the Exhibitor is ultimately responsible for all charges incurred on its behalf. See "*Third Party Billing Form*" included in this manual.

ADJUSTMENTS AND CALCULATIONS:

Adjustments to an invoice **will not be made after the close of the event**. Some items, services, and labour are subject to cancellation fees. Refer to each order form for specific details.

EXHIBITORS MUST PAY 5% G.S.T. ON ALL ORDERS WHEN EXHIBITING IN ALBERTA.