



Recap of Orders / Payment Authorization

This form along with your order, check/credit card for payment MUST be returned to Chrom Expo Services at the address listed below to be valid. Orders without payment or a credit card will not be processed.

Order Summary

<input type="checkbox"/> Pay by Credit (add 2.92% transaction fee)	Tables & Furnishings	\$ _____
<input type="checkbox"/> Pay by Check	Cleaning	\$ _____
<input type="checkbox"/> Pay by Wire Transfer	Labor (Non-Taxable)	\$ _____
<input type="checkbox"/> Third Party Payer	Material Handling (Non-Taxable)	\$ _____
	Sales Tax 7.375%	\$ _____
	Credit Card Fee 2.92%	\$ _____
	TOTAL	\$ _____

Tax Exempt

*All Tax Exempt orders must be submitted with a completed ST3 Certificate of Tax Exemption Form.
 Chrom Expo Federal Tax ID # 84-3441966

Payment Authorization

Cardholders name: _____

Cardholders Signature: _____

Cardholders Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Credit Card Number: _____ Exp: _____

VIN: _____

By signing this form I've authorized Chrom the right to charge the credit card for charges and services incurred by myself or my on site representative. If the credit card is declined, Standard-Floor pricing rates will apply along with a \$40.00 service charge.

Terms

- Submission of this form allows Chrom Expo Services to charge for services and the exhibitor agrees to the terms in this service kit.
- Order and payment must be received in full and by the deadline date listed in the kit to be eligible for Advance Order pricing
- Any additional charges incurred for orders or services on site will be applied to the credit card on file or due upon date or order/ charge.
- All corrections to the account must be made prior to show close.
- International Exhibitors must pay full balance in advance of show
- Chrome Expo Service reserves the right to charge floor pricing for all equipment not ordered but found within booth spaces.
- Orders canceled or changed once item has been delivered & set will be charged 50% of the original price.

Exhibiting Company: _____

Booth #: _____