



Charlotte
Convention Center
April 10-12, 2008

NBM Charlotte 2008

AGS Expo Services Method of Payment Form

Deadline Date
March 26, 2008

Please complete the information requested and return payment in full with this form and your orders. You may choose to pay by credit card, check or bank wire transfer, however, we require your Credit Card Authorization to be on file with AGS Expo Services. See next page for Payment Terms and Conditions

Cash Bank Transfer (TO ARRANGE FOR A BANK TRANSFER, PLEASE CALL AGS EXPO SERVICES AT 407-292-6162)

Company Check (MAKE CHECKS PAYABLE TO: AGS EXPO SERVICES)

Credit Card (CHECK ONE) MasterCard VISA Amex Total Amount to be Charged to Card:

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.

Company Name:

Booth Number:

Account Number: (PLEASE PRINT ALL 16 DIGITS, 15 FOR AMEX, IN THE SPACE BELOW)

Expiration Date: CVV Code: (PLEASE PRINT BELOW)

3 DIGITS ON
BACK OF CARD

Print Name on Card:

Cardholder's Signature:

Personal Credit Card

Company Credit Card

Purchasing Card/Customer Code

Card Holder's Billing Address:

We have read, understand and agree to all terms as described on both pages of the Method of Payment and Payment Terms and Conditions and have advised our show site representative accordingly.

Date:

Exhibitor's Signature:

Print Name:

Third Party Authorization - We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges.

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 to the exhibiting company. All invoices are due and payable upon receipt, by either party. The items checked below are to be invoiced to the third party: **Important Note to Third Party Companies:** AGS Expo Services will not be responsible for contacting the third party company during the show if a balance is due. Therefore, we ask that a credit card number be placed on file to avoid the exhibitor receiving an invoice.

Third Party Agent

Credit Card (CHECK ONE) MasterCard VISA Amex Total Amount to be Charged to Card:

Account Number: (PLEASE PRINT ALL 16 DIGITS, 15 FOR AMEX, IN THE SPACE BELOW)

Expiration Date: (PLEASE PRINT BELOW)

3 DIGITS ON
BACK OF CARD

Print Name on Card:

Cardholder's Signature:

Personal Credit Card

Company Credit Card

Purchasing Card/Customer Code

Company Name:

Booth Number:

Address:

Phone:

Fax:

MAIL or FAX TO: AGS Expo Services • 4561 SW 34th Street • Orlando, FL 32811
Phone: 407-292-6162 • Fax: 407-292-4414