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INTERNET TELEPHONY CONFERENCE AND EXPO
HYATT REGENCY, MIAMI, FL
FEBRUARY 23 - 25, 2005

THIRD PARTY PAYMENT AGREEMENT

Discount Deadline: Wednesday, February 9, 2005

BOOTH NUMBER _____

As an Exhibitor electing to use third-party billing, I understand and hereby agree that the ultimate responsibility for payment of all charges is mine. Further, I agree to be bound by all terms and conditions as described on the Order Form in this manual. 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 them, the exhibiting company. All invoices are due and payable upon receipt, by either party. By completing this form or allowing your third party to complete it, you are agreeing to all terms mentioned.

THE ITEMS CHECKED BELOW ARE TO BE INVOICED TO THE THIRD PARTY:

- ALL SERVICES
- BOOTH CLEANING
- FURNITURE/CARPET
- LABOR: (I&D Forklift Hanging Sign)
- MATERIAL HANDLING (ROUND TRIP)
- SIGNS

Exhibiting Company Name:	_____			
Third-Party Name:	_____			
Third-Party Contact:	_____			
Third-Party Contact Info:	Street Address	City	State	Zip
(No P.O. Boxes, Please)	Phone () ()	Fax () ()	Email	

Payment Policy: Payment in full must accompany your order. Purchase orders are not considered payment. For your convenience, we accept payment by company check (U.S. dollars drawn on a U.S. bank) Visa, MasterCard and American Express. Tax-exempt If tax exempt, a copy of your tax exempt certificate must accompany your order. This is not a resale certificate.

THIRD PARTY PAYMENT - CREDIT CARD AUTHORIZATION

- Visa MasterCard American Express

Credit Card Number: **

	Exp.
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Cardholder's Billing Address: For purposes of bank validation, please provide the cardholder's complete billing address, if different from the above address:

Number and Street

City, State and Zip Code

Cardholder: _____

PRINT NAME **SIGNATURE**

**** FOR YOUR CONVENIENCE, TEAMWORK EVENT SPECIALISTS WILL APPLY ALL CHARGES INCURRED AT SHOW SITE TO THIS CARD.**

Order Payment Method:

- Check # _____ Dated ___/___/___ Enclosed **OR** Charge the above listed credit card.

PLEASE COMPLETE THE INFORMATION REQUESTED AND RETURN THIS FORM WITH YOUR ORDERS. YOU MAY CHOOSE TO PAY BY CREDIT CARD, CHECK, CASH, MONEY ORDER OR TRAVELERS CHECKS, HOWEVER, **WE REQUIRE YOUR CREDIT CARD AUTHORIZATION TO BE ON FILE WITH TEAMWORK.**