



PAYMENT POLICY FORM

25 South Tenth Street Harrisburg, PA 17101
 (717) 236-5075 (800) 421-5075
 FAX (717) 236-9082

Show Name	Greater Lehigh Valley Auto Show	Booth #
Show Site	Lehigh University	

PAYMENT POLICY

PLEASE FAMILIARIZE YOURSELF WITH THIS POLICY BEFORE ORDERING ANY SERVICES

****NO SERVICES WILL BE RENDERED WITHOUT FULL PAYMENT IN ADVANCED****

- ADVANCE ORDERS:** FOR YOUR ORDER TO BE PROCESSED AND TO RECEIVE DISCOUNT PRICING FULL PAYMENT OF CASH, CHECK OR CREDIT CARD MUST ACCOMPANY YOUR ORDER. (USE CREDIT CARD AUTHORIZATION FORM BELOW). Purchase orders do not qualify for Advance Prices - Payment must accompany the order.
- SHOW SITE ORDERS:** Services ordered at the show site will not be processed without full payment at the time the order is placed.
- THIRD PARTY ORDERS:** If you contract work to a display or exhibit house and require services from Rileighs, the payment policy stated above applies. Please pass this information on to them
- SHIPPING FREIGHT TO WAREHOUSE OR SHOW SITE AND/OR ORDERING RIGGING OR INSTALLATION/DISMANTLING LABOR:** If you will be shipping to our warehouse or show site, and/or ordering installation /dismantling labor or rigging labor: YOU MUST COMPLETE THE CREDIT CARD AUTHORIZATION FORM BELOW. OUR SERVICE WILL NOT BE PERFORMED UNLESS WE HAVE THIS COMPLETED AND RETURNED TO US. Prior to close of show, an invoice will be prepared and delivered to your booth.
- ALL CHARGES, NO MATTER WHAT THE AMOUNT, MUST BE PAID IN FULL PRIOR TO CLOSE OF SHOW BY EITHER CASH, CHECK OR CREDIT CARD.** If credit card method is used, be sure that the card limits are high enough to handle your expected charges.
- If rigging labor is needed on move-out or you will be using dismantling labor, these charges will be put on your credit card and your copy of the receipt and invoice will be mailed to you within (10) days of the close of show.
- International exhibitors must pay for all services in U.S. Funds prior to show closing. A \$20.00 surcharge will be added for processing checks drawn on foreign banks.

AS VALUED CUSTOMERS, WE APPRECIATE YOUR COOPERATION.

Please Complete and Return to: Rileighs Convention Services, LLC

****PLEASE INDICATE THE SECURITY CODE INDICATED ON YOUR CARD:**

Check One: → **Master Card*** → **Visa (Bank Americard)** → **American Express**

Account No.

Expiration Date: _____

Signature: _____

Cardholder's Name: _____

Cardholder's Billing Address: _____

Company: _____	Date: _____		
Address: _____			
Street	City	State	Zip
Auth Sig. _____		Phone _____	
Booth No. _____		FAX No. _____	