Advance Order Discount Deadline: April 3, 2020 2502 Lake Orange Drive Orlando, FL 32837 Ph: 407.851.0261 Fax: 407.859.3904 info@bredeallied.com

Payment Authorization

FD\$C

TERMS:

- By submitting this form or ordering materials or services from Brede/Allied, you agree to the terms set forth in this service manual.
- Place order by mail, fax or online at: bredeallied.com. A credit card on file is required when using Brede/Allied. Orders received without payment and credit card authorization will not be processed.
- To receive discount pricing, order forms and full payment must be received by the deadline date on each form. Purchase Orders are not considered advance payment. Payment may be made by company check, wire or credit card authorization.
- Any additional costs incurred for orders or services placed at show site, including labor and material handling, are due and payable upon presentation of
 the invoice. All adjustments must be made at show site. All accounts must be settled at the Brede/Allied service desk prior to show closing. Your show
 site representative must be made aware of this policy and have means of payment, unless credit card authorization below is signed. It is the responsibility of your show site representative to review the Statement of Account prior to the close of the show.
- The exhibiting firm is primarily responsible for payment of all charges.
- INTERNATIONAL EXHIBITORS: We require 100% pre-payment of advance orders. Payment must be rendered by cash, wire or check payable in U.S. dollars drawn on a U.S. account, American Express, MasterCard, Discover or Visa credit cards. Drayage charges are separate from shipping and customs charges.

METHOD OF PAYMENT

my show representative, including macard is declined, standard floor pricing Charge to (check below):	required for payment guarantee) ny additional amounts incurred by me or terial handling & labor charges. If credit	WIRE TRANSFER INCLUDING SEQUE BREDE/ALLIED. SEND THE PAYMEN PLUS A \$35.00 SERVICE CHARGE TO: Allied Convention Service, Inc. DBA Brede Exposition Services c/o SunTrust Bank, Central Florida, NA Account Number: 1000050720647 Bank Routing Number: 061000104 Wire Transfer Sequence Number	
Card Holder Name: Card Holder Billing Address: Card Holder Phone:		Signature:City/State/Zip:Fax:	
ORDER SUMMARY			
Furniture (Brede/Allied Only) Carpet Custom Rental Exhibits Cleaning Graphics	\$ \$ \$ \$	Labor (estimate) Material Handling (estimate) Other Brede/Allied Services Total Due	
COMPANY NAME:	agree to our Fayment Authorization	Terms and acknowledge payments n	BOOTH#

order online @ Bredeallied.com



Advance Order Discount Deadline: April 3, 2020

2502 Lake Orange Drive Orlando, FL 32837 Ph: 407.851.0261 Fax: 407.859.3904 info@bredeallied.com

Third Party Billing



WE UNDERSTAND AND AGREE THAT THE EXHIBITING COMPANY IS ULTIMATELY RESPONSIBLE FOR PAYMENT OF CHARGES. IN THE EVENT THE NAMED THIRD PARTY DOES NOT DISCHARGE PAYMENT PRIOR TO THE CLOSE OF THE SHOW, CHARGES WILL REVERT TO THE EXHIBITING COMPANY. ALL INVOICES ARE DUE AND PAYABLE UPON RECEIPT. THE ITEMS CHECKED BELOW ARE TO BE CHARGED TO THE THIRD PARTY.

THE HIND LAKET.					
	_ All Brede/Allied Serv	ices	Booth	Cleaning	
	_ Furniture/Carpet		Mater	ial Handling In/	Out
	_ Custom Rental Exhil	oit	Misce	llaneous Charg	es
	_ Installation/Dismantle	e Labor	Other		
				Please Spe	
This form must be copayment authorization	ompleted by both com n terms.	panies and ret	urned no later t	han April 3, 202	20 as agreement to
Exhibiting Company Na	ame			Booth_	
3rd Party Company Na	me				
Authorized By			Title		
Signature					
Email Address					
	DRMATION - CREDIT charge any additional amounts i ard-Floor pricing prevails.				
Charge to :(check one)	MasterCard	VisaAn	nerican Express	Discover	
Account Number			Expiration	on Date	CVS#
Card Holder Name:			Signature:		
Card Holder Billing Address	ss:		_City/State/Zip:		
Card Holder Phone:			_Fax:		
Card Holder Email:					
	<u>OPTION</u> : Made Payable			nd drawn in US fui	nds.
·	Date				
***wire Transfers are ava	illable. Please contact Cu	stomer Service to	or details.		
☐ Please check th	hat you agree to our Payment	Authorization Terms	s and acknowledge p	payments must be ac	companied with order.
COMPANY NAME:			BOOTH#		
					falia