

Show Name \_\_\_\_\_

Show Dates \_\_\_\_\_

EXHIBITING FIRM: \_\_\_\_\_

**Credit Card Authorization**

- MasterCard     VISA     American Express
- Corporate     Personal

**All orders are regulated by IMS Payment Terms & Conditions as well as Material Handling Terms & Conditions.**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

ACCOUNT NUMBER

|  |  |
|--|--|
|  |  |
|--|--|

EXPIRATION DATE    SECURITY CODE

Card Holders Name - *Please Print*

Card Holders Signature *(Required for Processing)*

Billing Address

City

State

Zip

Phone Number

Fax Number

Booth Number

E-Mail Address

E-Mail Address to send Invoice

**Calculation of Orders** *(estimate)*

|   |          |
|---|----------|
| • Material Handling   | \$ _____ |
| • Forklift  | \$ _____ |
| • Hanging Sign  | \$ _____ |
| • Installation & Dismantle Labor                                | \$ _____ |
| • Furnishings/Specialty Furniture & Accessories Total all pages | \$ _____ |
| • Carpet  | \$ _____ |
| • IMS Rental Exhibits/or Custom                                 | \$ _____ |
| • Booth Cleaning  | \$ _____ |
| • Floral Services   | \$ _____ |
| • Custom Signs & Banners  | \$ _____ |
| • Sub Total:  | \$ _____ |
| • TAX:  | \$ _____ |
| • TOTAL   | \$ _____ |

**RETURN ORDERS TO ADDRESS OR FAX NUMBER BELOW:**

IMS, Inc.  
717 West Park Drive, Keller TX 76248

Phone: 817-337-3050  
Fax: 817-337-1969

**\* Your order will not be processed without a credit card on file.**



**PAYMENT POLICY AUTHORIZATION FORM**

Show Name \_\_\_\_\_

Show Dates \_\_\_\_\_

**PLEASE READ:**

**Your signature to the Payment Policy form signifies that you understand and agree to all terms below.**

**Payment for Services**—IMS requires payment in full at the time services are ordered. Further, IMS requires that you provide a credit card authorization with your initial order. For your convenience, we will use this authorization to charge your account for services, which may include labor and material handling, not covered by your initial payment, including but not limited to any shipping charges.

**Discount Prices**—To qualify for discount pricing, orders must be received with payment on or before the discount price deadline.

**Method of Payment**—IMS accepts MasterCard, VISA, Discover & American Express, Check or bank transfers. Purchase Orders are not considered payment. All payments must be made in US Funds drawn on a U.S. Bank

**Exhibitors may be subject to a \$35.00 service fee for all returned checks and/or charge backs.**

**Wire Transfer**— Please contact our office for wire transfer information 817-337-3050 ext. 5.

**\*Third Party Billing**— **Each exhibiting firm is ultimately responsible for all charges incurred on its behalf.** IMS reserves the right to institute collection action against the exhibitor if the authorized third party does not pay. See Third Party Billing Request form.

**Tax Exempt**—If you are tax exempt in the state in which you will be exhibiting, you must provide a Sales Tax Exemption Certificate for that state. Please send the above information with your orders for the show. IMS must receive your certificate with your order, otherwise tax will appear on your invoice.

**Adjustments and Cancellations**—Adjustments to your invoice will not be made after the close of show. Some items, services and labor are subject to cancellation fees. Refer to each order form for details. Understand that the total on the calculation of orders may not directly reflect your final invoice due to any additions to the order on site or any errors made in the calculation total prior to order entry.

*If you have any questions regarding our payment policy, please call exhibitor services at 817-337-3050 or visit our Service Desk at the show. **Please complete the information 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 charge authorization to be on file with IMS.** You agree to late fees up to 1.5% per month on any balance left without appropriate card on file. For your convenience, we will use this authorization to charge your credit card for any additional amounts ordered by your representative or services rendered to your company for this event.*

Initials of authorized signature from Payment Policy Authorization Form \_\_\_\_\_

**IMPORTANT: any unauthorized representatives wishing to place an order at show site must provide a personal credit card**

Will your representative be authorized to order additional equipment and comply with above payment policy?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes state the name of the representative \_\_\_\_\_

Company Name \_\_\_\_\_

Booth # \_\_\_\_\_



**PAYMENT POLICY TERMS & CONDITIONS required**