



THIRD PARTY BILLING REQUEST



115 Moonachie Avenue
Moonachie, N.J. 07074
Phone: 201-994-1301 Fax: 201-994-1350

Home Textiles Sourcing Expo

July 19-21, 2011

Jacob K. Javits Convention Center

You may arrange for a third party to handle your display and be billed for services. Both companies must complete this form in its entirety and return by the deadline date. It is understood and agreed that the exhibiting company is ultimately responsible for payment of all charges. If the named third party does not pay the invoice before the last day of the show, all charges will revert to you, the exhibiting company. All invoices are due and payable upon receipt.

Exhibiting Company: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Authorized By (Print): _____

Credit Card Charge Authorization: <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard													EXP. DATE	
Account Number														
Security Code					Visa/Master Card (3 Digits), Amex (4 Digits)									

Cardholder Printed Name: _____

Cardholder Billing Address: _____

City/State/Zip: _____

The items checked below are to be invoiced to the Exhibiting Company:

- All Services
 I&D Labor
 Rental Furniture
 Signs
 Material Handling
 Other (specify): _____

Cardholder Signature: _____

Third Party Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Authorized By: _____

Credit Card Charge Authorization: <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard													EXP. DATE	
Account Number														
Security Code					Visa/Master Card (3 Digits), Amex (4 Digits)									

Cardholder Printed Name: _____

Cardholder Billing Address: _____

City/State/Zip: _____

The items checked below are to be invoiced to the Third Party:

- All Services
 I&D Labor
 Rental Furniture
 Signs
 Material Handling
 Other (specify): _____

Cardholder Signature: _____



DOMESTIC WIRE TRANSFER INFORMATION:

Account Name: Metropolitan Exposition Services, Inc.
Columbia Bank
Paramus, New Jersey

Account Number: 024343811
ABA/Routing Number: 221271935

INTERNATIONAL WIRE TRANSFER INFORMATION:

Intermediary Bank: Wells Fargo Bank INTL
Bank Location: San Francisco
Bank Swift: WFBIUS6S

Beneficiary Bank: Columbia Bank
Beneficiary ABA: //FW221271935 (MUST HAVE //FW)

Beneficiary Information
Customer: Metropolitan Exposition Services Inc
Account Number: 024343811
Reference Information: Exhibiting Company Name, Name of Show and Booth #

- Please add \$25.00 for wire transfer bank processing fee
- Include Company Name, Booth Number and Name of Show on bank paperwork
- Send a confirming e-mail to Metropolitan Exposition Services at Exhibitorservices@metro-expo.com

Any questions, please call Customer Service at (201) 994 - 1300

Metropolitan Exposition Services, Inc.

www.metro-expo.com

Headquarters

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