



Exhibits, Inc.

2505 Glen Center Street
Richmond, Virginia 23223
Phone (804) 788-4400
Fax (804) 788-0186

PAYMENT POLICY FORM

PLEASE COMPLETE AND RETURN TO EXHIBITS, INC.



PLEASE FAMILIARIZE YOURSELF WITH THIS POLICY BEFORE ORDERING ANY SERVICES!
★★ NO SERVICES WILL BE RENDERED WITHOUT FULL PAYMENT IN ADVANCE★★

NAME OF EVENT:	<u>Virginia Equine Extravaganza</u>
EVENT LOCATION:	<u>The Meadow Event Park, Doswell, VA</u>
EVENT DATE:	<u>October 29-31, 2010</u>
	YOUR BOOTH # <input type="text"/>

THE FOLLOWING TERMS APPLY TO ANY AND ALL SERVICES RENDERED BY EXHIBITS, INC. FOR THE EVENT LISTED ABOVE.

TERMS

DISCOUNT PRICES only apply to advance orders with payment IN FULL, including 5% VA sales tax, that are received by Deadline Date, after which Standard Rates will be charged. ALL CHARGES FOR SERVICE AND/OR EQUIPMENT MUST BE PAID IN ADVANCE. On site orders must be paid by either CASH, CHECK, or for your convenience, VISA, MASTERCARD or AMERICAN EXPRESS. All prices subject to 5% VA sales tax.

We have read, understand and agree to all terms as described above and have advised our show site representative accordingly.

EXHIBITOR SIGNATURE: _____ PRINT NAME: _____ DATE: _____

PLEASE NOTE: ELECTRICAL AND/OR TELECOMMUNICATION ORDERS SHOULD BE MAILED AND PAID TO THE FACILITY ON THE ORDER FORM FOR THAT SERVICE.

PAYMENT BY CHECK, PLEASE COMPLETE THE FOLLOWING:

YOUR CHECK NUMBER: _____ DATED: _____ CHECK TOTAL: \$ _____

PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

CHARGE (CHECK ONE) MasterCard Visa American Express

EXPIRATION DATE

ACCOUNT NUMBER:

CVC 3 (or) 4 DIGIT CODE

MONTH YEAR

SIGNATURE: _____

PLEASE PRINT CLEARLY: Cardholders Name: _____
Cardholders Billing Address: _____

Your Company: _____ Phone: _____ Fax: _____

Address: _____
Street City State Zip