



## Exhibits, Inc.

2505 Glen Center Street  
Richmond, Virginia 23223

Phone (804) 788-4400

Fax (804) 788-0186

XhibitsInc.com Email: [customer\\_service@xhibitsinc.com](mailto:customer_service@xhibitsinc.com)

# 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:	RICHMOND HOME & GARDEN SHOW
EVENT LOCATION	RICHMOND INTERNATIONAL RACEWAY, RICHMOND, VA
EVENT DATE:	MARCH 3-5, 2017
YOUR BOOTH # _____	

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 5.3% 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 5.3% 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