

PAYMENT POLICY



Digital Pharma East

Pennsylvania Convention Center

September 10 - 12, 2024

Payment for Services

Expo Event Services requires payment in full at the time services are ordered. Further, Expo Event Services 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 freight handling, not covered by your initial payment.

Discount Prices

To qualify for discount pricing, orders must be received with payment on or before the discount price deadline(s).

Method of Payment

Expo Event Services accepts MasterCard, AMEX and Visa. Business Checks are only accepted 2 weeks before the show, **no checks accepted at show site**. Purchase orders are not considered payment. All payments must be made in U.S. funds drawn on a U.S. Bank.*

Third Party Billing

Each exhibiting firm is ultimately responsible for all charges incurred on its behalf. Expo Event Services 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 to the Expo Event Services office for this show. Expo Event Services must receive your certificate by the deadline date on the order forms; or tax will appear on your invoice.

Adjustments and Cancellations

Adjustments to your invoice will not be made after the close of the show. Some items, services and labor are subject to cancellation fees. Refer to each order form for details.

If you have any questions regarding our payment policy,
please call Expo Event Services at (201) 300 - 2782
or visit our Service Center at the show.

****Exhibitors will be charged a \$25.00 fee for returned NSF checks.***

PAYMENT & CREDIT CARD CHARGE AUTHORIZATION



Digital Pharma East
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RETURN TO: Expo Event Services • 1700 York Ave Suite 2T • New York, NY 10128 • Phone (201) 300 - 2782 • Fax (917) 591 - 8316 • Email: orders@expoeventservices.com

COMPANY		EMAIL ADDRESS			BOOTH NUMBER	
ADDRESS	STREET	CITY	STATE	ZIP	COUNTRY	
PHONE	FAX		PURCHASE ORDER NUMBER			
AUTHORIZED CONTACT SIGNATURE			AUTHORIZED CONTACT - PLEASE PRINT			DATE

CREDIT CARD CHARGE AUTHORIZATION

PROVIDE EXPIRATION DATE	EXPIRATION DATE:	MASTERCARD	VISA*	American Express
				Card Expiration Date & Security Code REQUIRED (3 Digit on reverse side of card)
PLEASE SIGN	Account Number:			
	CARDHOLDER'S BILLING ADDRESS - IF DIFFERENT FROM ABOVE		CITY	STATE
			ZIP	COUNTRY
	CARDHOLDER'S SIGNATURE		CARDHOLDER'S NAME - PRINT	

Advance charges may be paid by company check but credit card information is required for freight, additional services or rentals ordered at the show site which will be invoiced to your credit card. At the conclusion of the show a complete invoice will be prepared and sent to you reflecting all charges and payments. No credit will be given after close of event on items or services ordered but not received.

Our Credit Policy requires 100% Payment with order for service, tax and anticipated freight. This form with your credit card information for payment of advance and show site orders must be forwarded to the Expo Event Services in order for us to provide any equipment or services. No Purchase Order Numbers will be accepted in lieu of payment. Full payment of rental charges must accompany your order to qualify for the discounted rates. ALL orders received at the Service Desk will be charged at Standard Rates. A \$25.00 surcharge will be added to your account if any credit charges for services are denied or if any checks are returned. TERMS: Due upon receipt. Unpaid accounts after 14 days from invoice date will accrue a service charge of 0.0575% per day, annual interest rate 21%.

Exhibitors will be responsible for all fees connected with the collection of their accounts.

Services and Equipment Ordered

If someone other than the exhibiting company is to be invoiced for items/services on this form, YOU MUST complete the "Third Party Billing" Information Form

Furniture & Accessories Order Form	\$
Display Labor Service Order Form	\$
Specialty Furniture Order Form	\$
Shipping Information and Freight Service Order Form (Non Taxable)	\$
Cart Services	\$
Other Expo Event Services' Services (Specify)	\$

FULL PAYMENT in U.S. funds drawn on a U.S. Bank

\$

CANCELLATION: Cancellation after deadline will be charged at 50% of prevailing rate.

LATE REQUEST: Request after deadline will be filled as available at the standard rate.

THIRD PARTY BILLING REQUEST



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COMPANY	EMAIL ADDRESS	BOOTH NUMBER
AUTHORIZED CONTACT SIGNATURE	AUTHORIZED CONTACT - PLEASE PRINT	DATE

X

The exhibiting firm is primarily responsible for the payment of charges. In the event you have arranged for an exhibit house or other party to handle your display and be billed for services, we will agree to this third party billing if they supply the appropriate credit card information below. Advance payment in full must accompany your order including estimated labor and drayage charges. Additionally, both firms must sign the following statement: **WE UNDERSTAND AND AGREE THAT WE, THE EXHIBITING FIRM, ARE PRIMARILY RESPONSIBLE FOR PAYMENT OF CHARGES. IN THE EVENT THE NAMED THIRD PARTY FAILS TO PAY ALL CHARGES, SUCH CHARGES WILL BE PAID BY THE EXHIBITING FIRM ON DEMAND, INCLUDING ANY AND ALL FEES CONNECTED WITH THE COLLECTION OF THIS ACCOUNT.**

_____ (Exhibiting Firm) _____ (Display House/3rd Party)

By: _____ (Authorized Signatures)

Exhibiting Firm

EXHIBITING FIRM		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	
AUTHORIZED SIGNATURE	TITLE	
AUTHORIZED NAME (PRINT)		

Third Party

EXHIBITING FIRM		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	
AUTHORIZED SIGNATURE	TITLE	
AUTHORIZED NAME (PRINT)		

Credit Charge Authorization (Information Must Be Provided)

PROVIDE EXPIRATION DATE	EXPIRATION DATE _____	MASTERCARD VISA* American Express
	Corporate Personal	
Card Expiration Date & Security Code REQUIRED (3 Digit on reverse side of card)		
Account Number	_____	
_____	_____	
CARDHOLDERS NAME	PLEASE PRINT	
CARDHOLDERS BILLING ADDRESS	CITY	
STATE	ZIP	COUNTRY
All Services I & D Labor Signs	Rental Furniture Material Handling In & Out	
Other (Please Specify) _____		

Credit Charge Authorization (Information Must Be Provided)

PROVIDE EXPIRATION DATE	EXPIRATION DATE _____	MASTERCARD VISA* American Express
	Corporate Personal	
Card Expiration Date & Security Code REQUIRED (3 Digit on reverse side of card)		
Account Number	_____	
_____	_____	
CARDHOLDERS NAME	PLEASE PRINT	
CARDHOLDERS BILLING ADDRESS	CITY	
STATE	ZIP	COUNTRY
All Services I & D Labor Signs	Rental Furniture Material Handling In & Out	
Other (Please Specify) _____		

PLEASE SIGN **X** _____
CARDHOLDER'S SIGNATURE

PLEASE SIGN **X** _____
CARDHOLDER'S SIGNATURE