



6575 Delilah Road P: 609-485-2421
 PO Box 3000 F: 609-485-2392
 Pleasantville, NJ 08232 WWW.VISTACS.COM

**ATLANTIC CITY CONVENTION CENTER
 ATLANTIC CITY, NJ
 DECEMBER 10-11, 2024**

PAYMENT & CREDIT CARD AUTHORIZATION FORM

*Please complete the information requested & 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 AUTHORIZATION TO BE ON FILE WITH VISTA CONVENTION SERVICES.** For your convenience, we will use this authorization to charge your credit card for any additional amounts incurred as a result of show site orders placed by your representative for this event.*

Standard Booth Furnishings & Accessories	\$	_____
Custom Furnishings.....	\$	_____
Carpet/Carpet Padding	\$	_____
VCS Modular Rental Unit.....	\$	_____
Fabric Backwall Display Rental.....	\$	_____
Estimated Labor	\$	_____
Monthly Long Term Storage.....	\$	_____
Priority Empty Container Return.....	\$	_____
Estimated Material Handling.....	\$	_____
	SUB TOTAL	\$ _____
	*ADD 6.625% NJ SALES TAX	\$ _____
	NET AMOUNT DUE VISTA	\$ _____

** Note: All Services are Taxable in the State of NJ.*

INDICATE PAYMENT METHOD:

Check # _____ Dated _____ Amount \$ _____

Charge to: MasterCard VISA American Express

Account #

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiration Date

--	--	--	--	--	--

CVV

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Cardholder's Name _____

Cardholder's Address _____ (Print or Type) City _____ State _____ Zip _____

Signature _____

ALL ORDERS SUBJECT TO LIMITS OF LIABILITY.

Company Name _____ Booth # _____

Street Address _____ Phone # _____

City _____ State _____ Zip _____

Ordered by (Print or Type) _____ E-Mail _____

Signature _____

Submit order with payment to: orders@vistacs.com before deadline date!



**ATLANTIC CITY CONVENTION CENTER
ATLANTIC CITY, NJ
DECEMBER 10-11, 2024**

**DEADLINE DATE:
NOVEMBER 25, 2024**

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THIRD PARTY AUTHORIZATION & STATEMENT OF PAYMENT TERMS

You may arrange for a third party to handle your display and be billed for services. *Vista Convention Services* will agree to this arrangement if the third party has a satisfactory payment record with us. **BOTH** firms must complete this form. Return this form by the Discounted Deadline Date. In the event of nonpayment by the third party, the exhibitor agrees to accept responsibility for payment of all charges incurred. **Should the third party fail to present full payment at show site, the exhibitor will assume responsibility for payment.**

EXHIBITING COMPANY NAME: _____ BOOTH# _____

CONTACT PERSON: _____ SIGNATURE: _____

CHECK ITEMS TO BE BILLED TO THIRD PARTY:

_____ All Services _____ Material Handling/In and Out

_____ I&D Labor _____ Rental Furniture & Carpet Other (Please specify) _____

THIRD PARTY'S CREDIT CARD CHARGE AUTHORIZATION **Information must be provided**

MasterCard Visa American Express Expiration Date

Account Number CVV

Cardholder's Signature _____ Print Name _____

Cardholder's Billing Address _____ City _____ State _____ Zip _____ Country _____

THIRD PARTY NAME: _____

CONTACT PERSON: _____ SIGNATURE: _____

SHOW SITE REPRESENTATIVE: _____

PHONE NUMBER: _____ EMAIL: _____

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