

Payment Agreement

Please Print

COMPANY (Name on Exhibit Booth): _____
 EXHIBIT COMPANY (If Applicable): _____
 CONTACT: _____ TITLE: _____
 TEL: (____) _____ FAX: (____) _____ CELL: (____) _____
 BOOTH NUMBER: _____

PAYMENT INFORMATION

- ◆ Our payment policy requires payment in full prior to the rendering of services
- ◆ Payment for all orders must be guaranteed with a credit card authorization. However, other forms of payment are acceptable.

CREDIT CARD HOLDER'S NAME: _____

CREDIT CARD HOLDER'S TEL: (____) _____ EMAIL: _____

CARD NUMBER:

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

EXPIRATION DATE (MM/YY):

CARD HOLDER SIGNATURE:

		/		
--	--	---	--	--

DATE: _____

PAYMENT PREFERENCES

- Please charge my credit card for the full amount
- I will be sending a check for the full amount. I understand this check needs to be received by CONNOISSEUR ARAMARK no later than April 12, 2012. My credit card number will be placed on file for any additions and reorders during the event.

Note: *Wire transfers are a minimum of \$5000 and require special handling.*
Please contact a Sales Manager at 832-667-2420.

AUTHORIZED SIGNERS

The following people are authorized to make additions to my order once on site.
 Anyone placing an order for your exhibit space NOT listed below will be required to present a new credit card.

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

I certify that the above information is correct. I have read and understand the policies and procedures.

Authorized Signature

Title

Date

Mailing Address:

Please send all checks with Signature Required

ARAMARK Corporation

8701 Kirby Drive

Houston, TX 77054

Attn: Accounts Receivable, 832-667-2420

Administration Use:

Account Code: _____