

METHOD OF PAYMENT FORM

High Point Market – April 2012

Deadline: March 16, 2012

Please check the correct building: Plaza Suites Suites at Market Square

ATTN: Paul Sperano

305 W. High Street, High Point, NC 27260

FAX: 336/ 821-1586 Email: psperano@imcenters.com

ALL EXHIBITORS MUST COMPLETE A METHOD OF PAYMENT FORM

Space #: _____

Company Name: _____

Address: _____

Ordered by (signature): _____ Date: _____

Print Name: _____ Phone: _____

CREDIT CARD (Required of all exhibitors)

For your convenience we will use this for authorization to charge your credit card account for your advance orders and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include labor, equipment rental, material handling and any damages to the Suite. An alternate method may be provided at show site.

American Express

Master Card

Visa

Account No.: _____ Exp. Date: _____

Cardholder's Name: _____

Signature: _____

Billing Address: _____

City/State/Zip: _____

All booths located on the first floor of the Suites at Market Square as well as any booth in which the exhibitor is not returning, must be returned back to original condition by May 11, 2012. All product must be removed, the wall holes patched. Any exhibitor who doesn't comply will be assessed a \$3.00 per square foot charge for our staff to make these repairs.

I understand that my credit card will be charged an amount equal to \$3.00 per square foot if I do not remove all merchandise and return the booth back to the original condition by May 11, 2012.

While we require a credit card of all exhibitors, you may elect to pay for services by cash, check, or with an alternate credit card. If you plan to provide an alternate method of payment at show site, check the appropriate box below. Pre-orders will be charged to the card number provided above unless payment accompanies the order. No orders will be processed until the credit card information has been provided.

Cash (must Accompany order)

Company Check (must Accompany order)

Make checks payable to: Market Square AC Management, LLC

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

Signature: _____ Date: _____

Print Name: _____