



FB INTERNATIONAL, INC
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Third Party Authorization Form

Functional Fabric Fair 2019 / July 22 - 23, 2019

To authorize FB International, Inc. to invoice a third party for payment of services rendered to exhibitors, both the exhibiting company and the third party must complete this form and return it **by June 07, 2019.**

EXHIBITING COMPANY AUTHORIZATION OF THIRD PARTY BILLING

"We understand and agree that we, the exhibiting company, are ultimately responsible for payment of charges and agree by submitting this form or ordering materials or services from FB International, Inc., to be bound by all terms and conditions as described in the Terms & Conditions section of this service manual. If the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert back to the exhibiting company. All invoices are due and payable upon receipt, by either party. The items checked below are to be invoiced to the third party."

BY SUBMITTING THIS FORM VIA FAX OR POSTAL MAIL OR ORDERING MATERIALS OR SERVICES FROM FB INTERNATIONAL, INC., YOU AGREE TO BE BOUND BY ALL TERMS & CONDITIONS INCLUDED

EXHIBITOR NAME (PLEASE PRINT): _____

EXHIBITOR SIGNATURE: _____ DATE: _____

EXHIBITING COMPANY INFORMATION

EXHIBITING COMPANY NAME: _____ BOOTH #: _____

EXHIBITING COMPANY ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EXT. _____ FAX: _____

CONTACT'S E-MAIL: _____

Indicate which services are to be invoiced to the Third Party:

- | | |
|---|---|
| <input type="checkbox"/> ALL FB INTL' SERVICES | <input type="checkbox"/> RENTAL FURNITURE |
| <input type="checkbox"/> I&D LABOR / SUPERVISION | <input type="checkbox"/> GRAPHICS/SIGNS |
| <input type="checkbox"/> MATERIAL HANDLING / IN & OUT | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> UTILITIES | |

THIRD PARTY COMPANY INFORMATION

THIRD PARTY COMPANY NAME: _____

CONTACT NAME: _____

THIRD PARTY BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

CONTACT'S E-MAIL: _____

E-MAIL FOR INVOICE: _____

Invoices will be sent by e-mail; please provide the e-mail address of the person who reconciles your invoices if different than contact's e-mail.

THIRD PARTY CREDIT/DEBIT CARD AUTHORIZATION

- AMERICAN EXPRESS MASTERCARD VISA

ACCOUNT NO: _____ EXP. DATE: _____ SECURITY CODE: _____

CARDHOLDER NAME (PLEASE PRINT): _____

CARD TYPE: AUTHORIZED SIGNATURE: _____

CARDHOLDER BILLING ADDRESS _____

CITY/STATE/ZIP: _____