

METHOD OF PAYMENT FORM



KENTUCKY INTERNATIONAL
CONVENTION CENTER

NAME OF SHOW: _____
COMPANY NAME _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
FAX: _____
EMAIL: _____

ATTN: Service Desk

221 Fourth Street Louisville, KY 40202

PH: (502) 595-4367 FAX: (502) 583-1918

If you are going to utilize the services of Kentucky International Convention Center, this form must be completed and returned. Please indicate, below, the method of payment you will be using for services provided.

CASH
 CHECK

To the address above in U.S. funds

****A service fee of \$25.00 will be charged on checks that are returned for any reason.****

BANK TRANSFER

Kentucky State Fair Board
Fifth Third Bank
Fountain Square
Cincinnati, OH 45263
ACCT: 82194565
Receipts account
ABA# 083 002342
Wire info: 042 000314
Swift# FTBC US 3C

CREDIT CARD

VISA AMERICAN EXPRESS
 MASTERCARD DISCOVER

This authorization will allow us to charge your account for your advanced orders and any additional amounts incurred as a result of show site orders placed by representative. **(THIS INCLUDE INTERNAL FREIGHT HANDLING CHARGES.)**

****A service fee of \$25.00 will be charged for any credit card purchase that is reversed or chargedback.****

Account no: _____
Verification Number _____
(3 digit number on back of card)
Expiration Date: _____
Cardholder's name: _____
Signature: _____

THIRD PARTY AUTHORIZATION

We agree, as Exhibit Contractor for the client, that we are responsible for payment of charges. All items indicated below will be the sole responsibility of the Exhibit Contractor.

All invoices are Net 30 Days

All Services
 Electric
 Labor
 Water/Air Connections
 Forklift/JLG Highlift rentals
 Carpet Cleaning
 Freight Handling

THIRD PARTY AGENT:

Account no: _____
Verification Number _____
(3 digit number on back of card)
Expiration Date: _____
Cardholder's name: _____
Signature: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax: _____
Email: _____

I AGREE TO ALL TERMS AND CONDITIONS AS DESCRIBED IN THIS METHOD OF PAYMENT FORM

**PLEASE RETURN FORM &
PAYMENTS TO THE ADDRESS
ABOVE**

**ORDER DEADLINE DATE:
21 DAYS PRIOR TO
SHOW DATE**