



IBM INSIGHT 2015
MANDALAY BAY
LAS VEGAS, NV
OCTOBER 25 - 29

WILLWORK INC.
 23 Norfolk Ave.
 South Easton, MA 02375
 Ph: 508 230-3170 Fax: 774 568-5364
 Attn: Chris Butler
cbutler@willworkinc.com

THIRD PARTY PAYMENT AGREEMENT

Willwork, Inc. will present show site invoices to third parties for payment of services rendered to exhibitors provided the following conditions are met:

1. The payment record of the third party is acceptable to Willwork, Inc.
2. This completed form is to be signed by BOTH PARTIES and returned to Willwork, Inc. at least 14 days prior to show opening. This form is to be accompanied by a completed credit card authorization form from EACH PARTY.
3. Willwork, Inc.'s pre payment policy is adhered to; i.e.: order must be received with payment deadline dates.
4. If there is any doubt which party is to be invoiced for a service, the exhibiting firm accepts responsibility for payment upon presentation of invoices at show site.
5. The exhibiting firm is ultimately responsible for payment of all charges by show conclusion.

Please indicate below which items/services are to be invoiced to the third party:

- | | | | |
|---|--|-----------------------------------|--|
| <input type="checkbox"/> ALL SERVICES | <input type="checkbox"/> LABOR: (<input type="checkbox"/> I&D | <input type="checkbox"/> Forklift | <input type="checkbox"/> Sign Hanging) |
| <input type="checkbox"/> BOOTH CLEANING | <input type="checkbox"/> MATERIAL HANDLING (Round Trip) | | |
| <input type="checkbox"/> FURNITURE | <input type="checkbox"/> CARPET | | |

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges incurred. In the event the named third party does not make payment upon presentation of invoice at show site, such charges will be presented to the exhibiting firm for payment before the close of the show.

Please print or type information below:

Exhibitor	3 rd Party
CHARGE TO (check one) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	CHARGE TO (check one) <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS
Account Number:	Account Number:
Expiration Date:	Expiration Date:
Card Holders Name:	Card Holders Name:
Card Holders Signature:	Card Holders Signature:

Please print or type information below:

Card Holders Name:			Card Holders Name:		
Email:			Email:		
Card Billing Address:			Card Billing Address:		
City:	State:	ZIP:	City:	State:	ZIP:
Telephone:	Fax:		Telephone:	Fax:	
Exhibiting Company Name:		Booth No:	Exhibiting Company Name:		Booth No: