



IBM INTERCONNECT 2015
MANDALAY BAY RESORT & CASINO
LAS VEGAS, NV
FEBRUARY 22 - 26

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

CREDIT CARD AUTHORIZATION

ALL ACCOUNTS MUST BE SETTLED AT OUR SERVICE DESK PRIOR TO THE CLOSE OF THE SHOW. An Invoice will be prepared at the show for signature and payment. For your convenience, in addition to cash or company check (no personal checks), we accept MasterCard, Visa and American Express. **At the close of the show, exhibitor freight will not be released for shipment until all unpaid invoices have been settled at the Willwork Service Desk.** Please notify your company representative who will be at show site of our payment policy.

IMPORTANT: TO OBTAIN THE DISCOUNT PRICING, FULL PAYMENT MUST BE INCLUDED WITH YOUR ORDER.

A purchase order is not considered payment. If your company has any unpaid balances for previous services, payment in full will be required before new orders will be or can be accepted.

The exhibiting firm is ultimately responsible for payment of all costs incurred on its behalf. (See Third Party Payment Policy form)

International exhibitors must prepay balances prior to show closing in U.S. funds drawn on U.S Banks.

CREDIT CARD AUTHORIZATION

If you wish to charge your orders to your credit card account, please complete the information requested below and return this form with your orders. Any show site balances or charges for outbound labor, freight or miscellaneous items not paid before the show closing will be charged to your credit card.

Please print or type information below:

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

Please print or type information below:

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