

BOOTH #: _____ SQ. FT.: _____ DATE REC'D. BY I-X: _____

I-X SERVICE ORDER FORM

ALL SERVICES PERFORMED WILL BE SUBJECT TO THE TERMS AND CONDITIONS SET FORTH UNDER "LIMITATION OF LIABILITY AND RESPONSIBILITY FOR I-X CENTER SERVICES" CONTAINED IN THE I-X EXHIBITOR SERVICES GUIDE. BY COMPLETING THIS FORM AS DIRECTED, WE AUTHORIZE THE I-X CENTER TO PROVIDE SERVICES ORDERED AND ACCEPT THE TERMS AND CONDITIONS OUTLINED IN THE I-X EXHIBITOR SERVICES GUIDE.

Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Contact: Ms. Mr. First Name: _____ MI: _____ Last Name: _____ Title: _____

Method of Payment: Check MasterCard Visa American Express Discover

Charge Card No.:

Expiration Date:

Code:

Cardholder's Name (please print): _____ Signature: _____

Additional charges incurred at show site plus any outstanding balance will automatically be charged to the above card.

SECTION A

Description/Non-Taxable Items	COLOR	QTY.	U/M	UNIT PRICE	TOTAL
SECTION "A"	LINE 1-Non-Taxable Items (Section A)			SUB-TOTAL	

SECTION B

Description/Taxable Items	COLOR	QTY.	U/M	UNIT PRICE	TOTAL
SECTION "B"	LINE 2-Taxable Items (Section B)			SUB-TOTAL	
COMMENTS:	LINE 3- Sales Tax – 8% Line 2			SALES TAX	
	LINE 4- Non-Taxable Items (Section A)			SUB-TOTAL	
	LINE 5- TOTAL LINES 2, 3, and 4			TOTAL DUE	

Thank you for your order. Please return original with payment and keep a copy for your records.

When ordering Rigging, Installation and/or Dismantling Labor, please complete reverse side. 

Exhibit Representative (Signature): _____ Date: _____

By completing this form as directed, we authorize the I-X Center to provide services ordered and accept the terms and conditions outlined in the I-X Exhibitor Services Guide.