



Show Dates:
September 10-12, 2025

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Discount deadline:
August 22, 20255

**NEED
A CUSTOM
BOOTH?**

click here

**NEED
SHIPPING
TO AND FROM
A TRADESHOW?**



click here

NEED ANYTHING?

Phone: 305-751-1234
| Fax: 305-751-1298

15959 NW 15th Avenue,
Miami, Florida 33169

Third Party Payment

THIS FORM IS TO BE FILLED OUT ONLY IF YOU HAVE HIRED A THIRD PARTY TO SET UP YOUR BOOTH.

THIRD PARTY PAYMENT CONDITIONS

This form must be completed and signed by BOTH PARTIES and returned to Expo CCI prior to placing any orders. If there is any doubt which party is to be invoiced for a service, the exhibiting firm accepts responsibility for payment. The exhibiting firm is ultimately responsible for payment of all charges by show conclusion. If charges have been billed to the wrong party and Expo CCI was not provided with the completed Third Party Payment form prior to the order being placed, any refund must be settled between the exhibiting firm and third party.

PLEASE INDICATE WHICH ITEMS/SERVICES ARE TO BE INVOICED TO THE THIRD PARTY:

All Expo Services	Booth Labor and/or Banner Hanging	Booth Cleaning
Material Handling/Drayage	Shipping w/ eLogistics	Furniture/Carpet
Other (Specify) _____		

We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges incurred. In the event the third party named below does not make payment, such charges will be presented to the exhibiting firm, and exhibiting firm will make payment to Expo CCI prior to the close of the show. (Signature required below.)

Authorized Exhibiting Company Signature _____

We accept American Express, Visa, MasterCard and Discover Card for your convenience. A non-official contractor form and COI must accompany the Third Party Payment form.

EXHIBITING COMPANY

Exhibiting Company: _____ Booth #: _____

Address: _____

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

Email: _____ Contact/s: _____

Credit Card Used For Payment: No.: _____ Expires: _____

Security Code: _____ (The 3 numbers on back of card or for Amex the 4 numbers on the front)

Billing Address for credit card: _____

City: _____ State: _____ ZIP CODE: _____

Credit Card Holder (Print Name): _____ Card Holder Signature: _____

*****Cardholder hereby authorizes EXPO CCI to charge credit card described herein for all charges incurred by Exhibitor and has read, understands, and agrees to all forms in the exhibitor manual and agrees to pay all charges as described in Cardholder Agreement. All estimated charges must be paid in ADVANCE, AND a valid credit card must be on file with EXPO CCI authorizing payment for modified and/or additional charges. All Charges must be paid by end of Show. **On-site exchanges/cancellations of any orders/furnishings will be assessed a 100% pick-up fee.**

THIRD PARTY

Third Party Company: _____ Booth #: _____

Address: _____

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

Email: _____ Contact/s: _____

Credit Card Used For Payment: No.: _____ Expires: _____

Security Code: _____ (The 3 numbers on back of card or for Amex the 4 numbers on the front)

Billing Address for credit card: _____

City: _____ State: _____ ZIP CODE: _____

Credit Card Holder (Print Name): _____ Card Holder Signature: _____

*****Cardholder hereby authorizes EXPO CCI to charge credit card described herein for all charges incurred by Exhibitor and has read, understands, and agrees to all forms in the exhibitor manual and agrees to pay all charges as described in Cardholder Agreement. All estimated charges must be paid in ADVANCE, AND a valid credit card must be on file with EXPO CCI authorizing payment for modified and/or additional charges. All Charges must be paid by end of Show. **On-site exchanges/cancellations of any orders/furnishings will be assessed a 100% pick-up fee. A non-official contractor form and COI must accompany the third Party Payment form.**

ALL ORDERS MAY ALSO BE PLACED THROUGH OUR SECURE
ONLINE PORTAL (<https://expocci.boomerecommerce.com>)