



Exhibits, Inc.

2505 Glen Center Street
Richmond, Virginia 23223
Phone (804) 788-4400
Fax (804) 788-0186

XhibitsInc.com

BOOTH CLEANING ORDER FORM

ALL ORDERS MUST BE PAID FOR IN ADVANCE
PLEASE COMPLETE THE ENCLOSED PAYMENT POLICY
FORM AND RETURN WITH YOUR ORDER

Booth cleaning service will consist of vacuuming/sweeping of booths and the emptying of waste baskets before the initial opening of the event and/or daily there after.

DAILY - Before initial opening of event and daily there after

ONCE - Before initial opening of event ONLY

Please compute cost below:

ADVANCE PRICE \$.55 PER SQUARE FOOT

SHOW PRICE \$.75 PER SQUARE FOOT

NOTE: MINIMUM 100 SQUARE FEET PER DAY

_____ SQ.FT. x \$ _____ PER SQ.FT. DAILY = _____ /COST PER DAY x _____ # OF DAYS = \$ _____ **TOT. AMOUNT DUE**

Please return one copy to Exhibits, Inc. and retain a copy for your files

Please print or type below:

Your Company _____

Address _____ Telephone # _____

City _____ State _____ Zip _____ Fax # _____

Authorized By (Print Name) _____ Title _____

Signature _____

Name of Event **Architecture Exchange East 2009**
Greater Richmond Convention Center, Richmond, VA
November 4-6, 2009

Booth Number _____



Exhibits, Inc.

2505 Glen Center Street
Richmond, Virginia 23223
Phone (804) 788-4400
Fax (804) 788-0186

PAYMENT POLICY FORM

PLEASE COMPLETE AND RETURN TO EXHIBITS, INC.



LEASE FAMILIARIZE YOURSELF WITH THIS POLICY BEFORE ORDERING ANY SERVICES!
★★ NO SERVICES WILL BE RENDERED WITHOUT FULL PAYMENT IN ADVANCE★★

NAME OF EVENT:	Architectural Exchange East 2009
EVENT LOCATION:	Greater Richmond Convention Center, Richmond, VA
EVENT DATE:	November 4-6, 2009
YOUR BOOTH # <input type="text"/>	

THE FOLLOWING TERMS APPLY TO ANY AND ALL SERVICES RENDERED BY EXHIBITS, INC. FOR THE EVENT LISTED ABOVE.

TERMS

DISCOUNT PRICES only apply to advance orders with payment IN FULL, including 5% VA sales tax, that are received by Deadline Date, after which Standard Rates will be charged. ALL CHARGES FOR SERVICE AND/OR EQUIPMENT MUST BE PAID IN ADVANCE. On site orders must be paid by either CASH, CHECK, or for your convenience, VISA, MASTERCARD or AMERICAN EXPRESS. All prices subject to 5% VA sales tax.

We have read, understand and agree to all terms as described above and have advised our show site representative accordingly.

EXHIBITOR SIGNATURE: _____ PRINT NAME: _____ DATE: _____

PLEASE NOTE: ELECTRICAL AND/OR TELECOMMUNICATION ORDERS SHOULD BE MAILED AND PAID TO THE FACILITY ON THE ORDER FORM FOR THAT SERVICE.

PAYMENT BY CHECK, PLEASE COMPLETE THE FOLLOWING:

YOUR CHECK NUMBER: _____ DATED: _____ CHECK TOTAL: \$ _____

PAYMENT BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

CHARGE (CHECK ONE) MasterCard Visa American Express

EXPIRATION DATE

ACCOUNT NUMBER:

CVC 3 (or) 4 DIGIT CODE

MONTH YEAR

SIGNATURE: _____

PLEASE PRINT CLEARLY: Cardholders Name: _____
Cardholders Billing Address: _____

Your Company: _____ Phone: _____ Fax: _____

Address: _____
Street City State Zip