

NAME OF SHOW	
BOOTH NUMBER	

METHOD OF PAYMENT / AUTHORIZATION FORM

OMPANY NAME MOBILE NUMBER	
CONTACT PERSON	E-MAIL
CREDIT CARD PAYMEN	
	ith Manny Stone Decorators before any goods or services will be provided regardless of your preferred may be provided by e-mailing this form to orders@mannystone.com
•	st be settled prior to the start of the show set up. Your credit card will be processed for any additional show site and will be processed within 10 days of close of the show.
No Credit Card on International Ban	ks will be accepted. Please contact our office for wire transfer instructions.
This form is to be completed by an au	thorized representative of the exhibiting company.
CREDIT CARD AUTHO Please complete the information belo	PRIZATION ow and submit with your order. Incomplete and/or unsigned forms cannot be accepted.
□ MASTERCARD □ V	ISA AMERICAN EXPRESS
ACCOUNT NUMBER	
EXPIRATION DATE/	SECURITY CODE (M/C and Visa 3 digit code back of card • AMEX 4 digit code front of card)
CARDHOLDER NAME (PLEASE PRINT)	
BILLING ADDRESS	
CITY	STATE ZIP CODE
show order to the address below or	y credit card processing fees, please send a check payable to Manny Stone Decorators for your entire pre- contact our office for wire transfer information. Please indicate your preferred form of payment for your d charges are subject to a 4% credit card processing fee.
lacksquare Charge my credit card in the amount	unt of \$ (plus an additional 4% credit card processing fee)
☐ Enclosed is a check in the amount	t of \$
lacksquare Wire transfer to be submitted in the	he amount of \$ (please contact our office for wire transfer instructions)
By utilizing this form, exhibitors acknow	ledge that they have read and agree to comply with the terms of the Method of Payment/Authorization Form.
AUTHORIZED SIGNATURE	
ALITHODIZED NAME (DIEACE DRIVE)	Data



ADDENDUM =

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5 CANDEUB CT. • SUITE #3 • MANALAPAN, NJ 07726-8438 CELL (908) 770-6543 • PHONE (732) 617-1177 • FAX (732) 536-7508

Show Name:		
Show Opening Date:		
Cancellation for any reason other than	Covid:	
(MSD). The remaining fifty (50%) of the or	d price, shall be forfeited by client and retain rder form price may be applied to a future ser form applies or otherwise forfeited. There	show within twelve (12) months
Cancellation due to Covid:		
If said show is cancelled or postponed by before the 45 day period prior to the oper	/ Show Management or as mandated by go ning date of the scheduled show:	overnmental authority on or
• • • • • • • • • • • • • • • • • • • •	ontracted price shall be forfeited by client a refunded to client within ten (10) days of qu	
45 day period prior to the opening date of Fifty (50%) percent of the total contractors.	y Show Management or as mandated by go f the scheduled show: ed price shall be forfeited by client and reta to client within ten (10) days of qualified ca	ained by MSD, and the balance
Company Name		
Company Street Address		
City	State	Zip
Phone #	Cell #	
Email Address		
Print Name:	Title:	

Signature: _____ Date: _____