



**FB INTERNATIONAL, INC.**  
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Industry City

Brooklyn, NY

June 13-14, 2023



**BCB Brooklyn, NY June 13-14, 2023**

To authorize FB International, Inc. to invoice a third party for payment of services rendered to exhibitors, both the exhibiting company and the third party must complete this form and return it **by May 16, 2023**.

**EXHIBITING COMPANY AUTHORIZATION OF THIRD-PARTY BILLING**

"We understand and agree that we, the exhibiting company, are ultimately responsible for payment of charges and agree by submitting this form or ordering materials or services from FB International, Inc., to be bound by all terms and conditions as described in the Terms & Conditions section of this service manual. If the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert back to the exhibiting company. All invoices are due and payable upon receipt, by either party. The items checked below are to be invoiced to the third party."

**BY SUBMITTING THIS FORM VIA EMAIL OR ORDERING MATERIALS OR SERVICES FROM FB INTERNATIONAL, INC., YOU AGREE TO BE BOUND BY ALL TERMS & CONDITIONS INCLUDED**

EXHIBITOR NAME (PLEASE PRINT): \_\_\_\_\_

EXHIBITOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**EXHIBITING COMPANY INFORMATION**

BOOTH #:

EXHIBITING COMPANY NAME: \_\_\_\_\_

EXHIBITING COMPANY ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EXT. \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT'S E-MAIL: \_\_\_\_\_

**Indicate which services are to be invoiced to the Third Party:**

☐ ALL FB INTL' SERVICES

☐ RENTAL FURNITURE

☐ I&D LABOR / SUPERVISION

☐ GRAPHICS/SIGNS

☐ MATERIAL HANDLING / IN & OUT

☐ OTHER \_\_\_\_\_

☐ UTILITIES

**THIRD PARTY COMPANY INFORMATION**

THIRD PARTY COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

THIRD PARTY BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT'S E-MAIL: \_\_\_\_\_

E-MAIL FOR INVOICE: \_\_\_\_\_

Invoices will be sent by e-mail; please provide the e-mail address of the person who reconciles your invoices if different than contact's e-mail.

**THIRD PARTY CREDIT/DEBIT CARD AUTHORIZATION**

☐ AMERICAN EXPRESS

☐ MASTERCARD

☐ VISA

ACCOUNT NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

CARDHOLDER NAME (PLEASE PRINT): \_\_\_\_\_

CARD TYPE: AUTHORIZED SIGNATURE: \_\_\_\_\_

CARDHOLDER BILLING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_