



2016sa

Jacob K. Javits Convention Center

655 West 34th Street
New York, NY 10001-1188
877.452.8487
www.javitscenter.com



SERVICE ORDER(S) PAYMENT FORM

Required for Electrical, Cleaning, Plumbing, and Telecommunication Services
(No service will be provided without payment and completion of Section 1 & 2 and the return of this form as well as a booth floor plan, where appropriate, and the order form for the specific service required.)

Customers who choose to pay by check or money order must also supply a valid credit card number. Credit Card charges are limited to \$10,000 per order/invoice. Any order exceeding \$10,000 must be paid by company check. Any balance due during or at the end of the show and does not exceed \$10,000 will be billed directly to the credit card number. The Advance rate will only be valid and processed for orders with payment postmarked or emailed 15 days prior to the show opening date. By your signature below, you acknowledge and agree to these terms and authorize JKJCC to bill your credit card. **Personal checks or checks drawn on foreign banks are not accepted.** Failure to follow these instructions will result in a delay in services.

Make checks payable to the **JACOB K. JAVITS CONVENTION CENTER.**

Please mail order forms with payment to:

Jacob K. Javits Convention Center
655 West 34th Street
New York, NY10001-1188

OR e-mail the COMPLETED & SIGNED Service Forms to: Services@JavitsCenter.com

Advanced Rate Deadline

Jan 9, 2016

Show Name: (15553) TEXWORLD USA	Show Booth:	Show Month: 01/16
Exhibiting Company Name:		

Section 1 (Billing Information)

Billing Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____ Fax: _____

Contact Signature: _____ Country: _____

Section 2 (Billing Credit Card expiration date must be valid throughout the event listed above)

American Express MasterCard Visa Diners Club Discover JBC

Card Number: _____ Expiration Date: _____ / _____
Month Year

Card Holders Name **(Print)**: _____

Card Holders **(Signature)**: _____ Date: _____

Contact: _____ Phone: _____ Fax: _____

Section 3

Please check here if checks are included. Email Address: _____

**For faster ordering with a confirmation call toll-free 1.877.452.8487
or go to www.JavitsCenter.com**

effective 1/1/2016