GOODKEY
SHOW SERVICES LTD.
9505 41 Avenue
Edmonton, Alberta T6E 5X7
Tel: 877.726.2211
Fax: 888.426.5734
www.goodkey.com

One great idea after another!

OSPI

Order Deadline Date: SEPTEMBER 30, 2009

Show Name: CANADIAN COFFEE AND TEA SHOW

Show Date: OCTOBER 14 - 15, 2009

METHOD OF PAYMENT FORM

IMPORTANT! If you are planning to utilize any of the services provided by Goodkey Show Service Ltd. Please carefully complete and return this form with all your display requirements.

Name of Company:	**Contact:**	**Booth No:**
Address:	**Telephone No:** ( )	**Fax: No:** ( )
City, Province, State:	**Email**	**Postal Code:**

☐ CASH / MONEY ORDER

☐ COMPANY CHEQUE

Please make cheque payable to: **Goodkey Show Services Ltd.**
Note: No cheques will be accepted after the order deadline date.

Address: GOODKEY SHOW SERVICES LTD.
9505-41 AVENUE
EDMONTON, ALBERTA
T6E 5X7

CREDIT CARD

For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include labour Please complete the information requested below:

☐ AMERICAN EXPRESS

☐ MASTERCARD

☐ VISA

Account #: _____

Expiration Date: _____ CVD: _____

☐ Personal Credit Card: ☐ Company Credit Card:

Cardholder's Name: _____

Signature: _____

Cardholder's Billing Address:

Street: _____

City/Province: _____

Postal Code: _____

GST REGISTRATION#: 121717813 RT
PST REGISTRATION#: 028046

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: _____

☐ THIRD PARTY AUTHORIZATION

FOR USE OF AN EXHIBITOR APPOINTED CONTRACTOR:
We understand and agree that we, the exhibiting firm, are ultimately responsible for payment of charges. In the event that the named third party does not discharge payment of the invoice prior to the last day of the show, charges will revert 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:

☐ ALL SERVICES
☐ BOOTH CLEANING
☐ I & D LABOUR
☐ MATERIAL HANDLING / IN & OUT
☐ RENTAL FURNITURE & CARPET
☐ SIGNS
☐ OCTANORM
☐ OTHER (Please specify)

_____
_____
_____
_____
_____

THIRD PARTY AGENT:

Account #: _____

Expiration Date: _____ CVD: _____

☐ Personal Credit Card: ☐ Company Credit Card:

Cardholder's Name: _____

Signature: _____

Cardholder's Billing Address:

Street: _____

City/Province: _____

Postal Code: _____

Phone: ( ) _____

Fax: ( ) _____

E-mail: _____