



3rd Party Request Form

738 Neeson Road, Marina CA 93933

Phone: (831) 883-8600 Fax: (831) 883-8686

Event or Show: GSA Booth# _____
 Company Name: _____
 Signature: _____ E-Mail: _____
 Ordered By: _____ Phone : () _____ Fax: () _____

You may arrange for a third party to handle your display and be charged for services. TriCord Tradeshows will agree to do this arrangement if the third party has a credit card on file. **Both firms** must complete this form, including **Third Party Credit Card Charge Authorization** below, & Return form by the deadline date September 7th, 2010.

It is understood and agreed that the exhibiting firm is ultimately responsible for payment of charges. If your named third party does not pay the invoice before the last day of the show, charges will revert to you, the exhibiting firm. All invoices are due and payable upon receipt.

Exhibiting Firm

Company Name: _____ Address: _____ City: _____
 State: _____ Zip: _____ Phone: () _____ Ext: _____ Fax: () _____
 Signature: _____ Print name: _____

Credit Card Authorization

Card # _____ ex _____ Cardholder name _____
 Cardholder address: _____ Cardholder phone:() _____ Ext: _____
 Cardholder signature: _____ Print Name: _____

Third Party

Company Name: _____ Address: _____ City: _____
 State: _____ Zip: _____ Phone: () _____ Ext: _____ Fax: () _____
 Signature: _____ Print name: _____

Credit Card Authorization

Card # _____ ex _____ Cardholder name _____
 Cardholder address: _____ Cardholder phone:() _____ Ext: _____
 Cardholder signature: _____ Print Name: _____



EXHIBITORS ONLY-EAC INFORMATION FORM

GSA

If an exhibitor plans to use a firm other than the “official Show Vendor” please list below the non-official vendor’s company name, contact name, phone number and email. After completing this form please fax it to TriCord Tradeshows at the number listed below. The **Exhibitor Appointed Contractor Information Form** must be completed and returned no later than **Tuesday September 7th, 2010.**

After completing this form please give each of your non-official vendors one of the following appropriate forms. The Contractors-I&D EAC Form (for installing or dismantling booths) or Contractors-EAC form (all other vendors including AV, internet, booth designer etc.) A copy of the Exhibitor Appointed Contractor certificate of insurance with a minimum of \$1,000,000.00 liability coverage, including property damage, to show management and TriCord Tradeshows at least 10 days before the show opening.

**** Please note that an EAC form is not required from exhibitors who plan to set up & dismantle their own booth with their own full-time bonafide employees.**

**** All EAC’s must be aware of and abide by all union rules & regulations**

Exhibitor Information

Company: _____

Contact: _____ Booth: _____ Total Sq Ft: _____

Address: _____ Ste: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Exhibitor Appointed Contractor Information

Please list below your exhibitor appointed contractors information:

Company	Contact Name	Phone	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Please fax or mail this form to TriCord Tradeshows by: Tuesday September 7th, 2010.