

Payment & Credit Card Charge Authorisation

Exhibition Name: _____

Stand Number: _____

Company Name: _____

Address: _____

Postcode: _____

Telephone: _____

Facsimile: _____

Contact Name: _____

EU VAT Number (if applicable): _____

Email: _____

PO Number: _____

PAYMENT POLICY

Payment for services— Index Group Ltd requires payment in full at the time services are ordered.

Method of payment— Index Group Ltd accepts all major credit / debit cards, cheques and bank transfers. Purchase orders are not considered payment.

We require your payment authorisation to be completed and returned even if you are paying by cheque or bank transfer. You do not need to complete your card details unless you wish to pay by this method. Please tick the box below to indicate your preferred method of payment.

Cheque
Bank Transfer
Credit/debit card

Orders can not be processed until payment has been received.

Cancellations/Refunds— Please note that refunds will not be made on cancellation of any non stock items. Any item ordered prior to and transported to the event is not eligible for a refund.

Bank Transfer & Cheque Payment Information:

Beneficiary: Index Group Ltd

The Royal Bank of Scotland
131 Blackburn Street, Radcliffe, Manchester, M26 9WQ

Account Number: 10083843

Sort Code: 16-29-20

Swift Code: RBOSGB2L

IBAN Code: GB73 RBOS 162920 10083843

Please make all cheques payable to—Index Group Ltd

I agree in placing this order that I have accepted the Terms & Conditions of the Index Group Ltd:

Signed: _____

Print Name: _____

Date: ___/___/_____

CREDIT CARD CHARGE AUTHORISATION

All information must be provided. Your order will not be processed if any information is missing.

Please note that there is a 3% charge for credit card transactions.

Please ensure this form is returned with all orders.

Debit Card
Credit Card
American Express

Card Number: _____

Expiry Date: ___/___

Security Code (Last 3 digits on signature strip) _____

Start Date (if shown): ___/___

Issue Number (if shown): _____

Cardholders Name: _____

Cardholders billing address (If different to above):

Post Code: _____

Cardholders Signature: _____

Date: ___/___/_____

Please note this form will be destroyed once payment has been processed/received.

If you have any questions relating to any of the information on this form please contact us on:
0800 085 9885

Please return to corresponding email/postal address which can be found on the bottom of the relevant order form.

INDEX group ltd
exhibition services