



CREATIVE. TECHNICAL.

Memorable.

PAYMENT AUTHORIZATION FORM



52 Forest Ave., Suite 6, 2nd Fl
Paramus, NJ 07652
P 201-340-2290; Fax 201-340-2108
E-Mail: info@metromultimedia.com

APRIL 1 - 3, 2025
JAVITS CENTER

DISCOUNT DEADLINE: 3/14/2025

Form with fields for Company, Address, City, State, Zip, Phone, Booth, Ordered by, Email Address, Fax, ESTIMATED TOTALS (Subtotal Page 2, Subtotal Page 3, Total Sub Total, Sales Tax Due, Delivery & Pick Up, Total Due MetroMultimedia), and PAYMENT AUTHORIZATION.

YOUR SIGNATURE OF THIS PAYMENT AUTHORIZATION FORM DENOTES ACCEPTANCE OF ALL TERMS & CONDITIONS INCLUDED ON THIS FORM AND ON YOUR ORDER FORMS

Company Check - Make payable to MetroMultimedia, and reference INTERPHEX 2025. Mail to: 52 Forest Ave, Suite 6, 2nd Floor, Paramus, NJ 07652

**Please Note - Returned checks are subject to a \$35.00 bounced check fee. ALL CHECKS REQUIRE A CREDIT CARD BACK UP.

Wire Transfers - If paying by wire transfer please contact MetroMultimedia for wire transfer information and include a \$40.00 wire transfer fee.

ALL WIRE TRANSFERS REQUIRE A CREDIT CARD BACK UP.

Credit Card - For your convenience, MetroMultimedia Services will use this authorization to charge your credit card account for your advance orders, not paid by check or wire, and any additional amounts incurred as a result of show site orders placed by you or your representative. These charges may include all MetroMultimedia charges, and any charges that MetroMultimedia may be obliged to pay on your behalf, including without limitations, any material handling and/or labor charges. Please Complete the information below.

AMEX VISA MASTERCARD DISCOVER

Exp. Date

Table for Account Number and Security Code with a note: Visa/MasterCard/Discover (3 Digits), Amex (4 Digits)

Cardholder Name (Please Print):

Cardholder Billing Address:

City/State/Zip: Phone:

***The cardholder names above hereby authorize MetroMultimedia to charge my credit card for the actual costs of the services estimated above and any additional services and amounts including, but not limited to, labor to install or remove equipment and/or material handling charges. If there is any intent to commit fraud, I will be held to the full extent of the law.

Cardholder Signature: Date:

PAYMENT POLICY: MetroMultimedia requires payment of estimated costs in full, including applicable taxes, at the time services are ordered. All services will be denied without complete payment. All adjustments to charges are to be made prior to completion of event. NO CREDITS WILL BE MADE AFTER THE CLOSE OF THE EVENT. Checks must be in US Dollars and drawn on a US Bank.

TAX EXEMPT STATUS: If you are exempt from paying sales tax, you must provide a certificate of exemption for the state in which services are to be provided, with your order.

EQUIPMENT: You are responsible for payment on any MetroMultimedia rental equipment.

CANCELLATIONS - EQUIPMENT CANCELLATIONS NOT RECEIVED 48 HRS BEFORE DELIVERY DATE WILL BE CHARGED 100% - ** NO EXCEPTIONS **
ALL CANCELLATIONS ARE SUBJECT TO A 5% PROCESSING FEE.
CANCELLATIONS RECEIVED AFTER DISCOUNT DEADLINE DATE ARE SUBJECT TO A 25% RESTOCKING FEE



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Company Name: Booth #: Booth Size:
Address: City: State: Zip:
Contact Name: Phone: E-Mail:
Delivery Date/Time: Pick Up Date/Time:
On Site Contact Name: On Site Contact Phone:

Table with columns: Audio Equipment, Qty., Discounted Rate, Regular Rate, Total. Includes sections for Projection, Computers & Accessories, and Video and Data Display.

Please Note: To receive a confirmation of your order prior to event, please e-mail: info@metromultimedia.com .

Drayage Costs (if applicable) are not included in delivery costs. Regular rate applies if order is received after deadline date.
In venues where union rules are in effect, delivery and pick up times may vary depending on availability of laborers.
**Based on Straight Time. Overtime/Double time hours will be charged accordingly.

**Dual Post Floor Stands and Shelves are only available with order of Flat Panel Display Monitors.



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Company Name: _____ Booth #: _____ Booth Size: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____ E-Mail: _____
Delivery Date/Time: _____ Pick Up Date/Time: _____
On Site Contact Name: _____ On Site Contact Phone: _____

Note: Software for the below Kiosks is available upon request. If you require software, please indicate below. Circle "Y" for Yes or "N" for No. Software Fees are based on specific need, please call or email for an estimate *

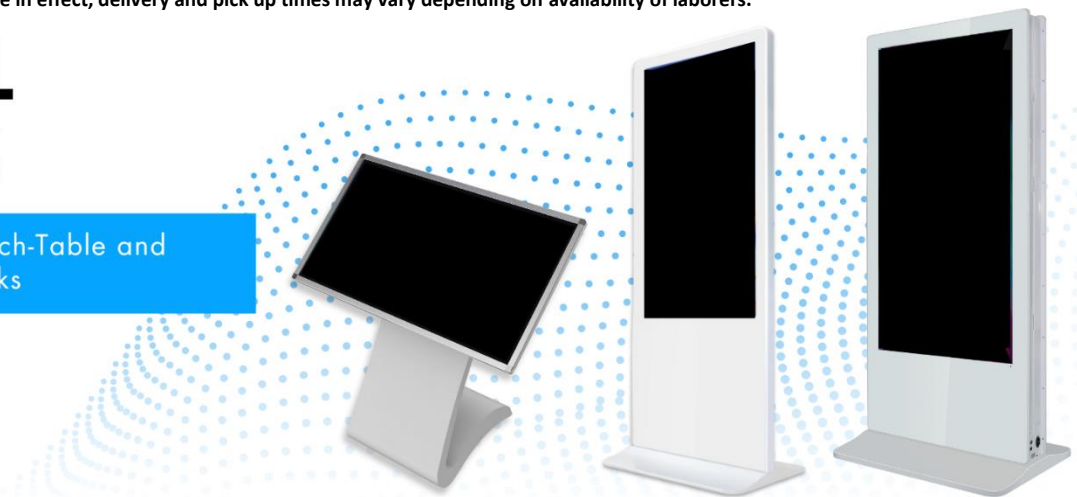
Table with columns: Touch-Table Kiosk, Qty., Discounted Rate, Regular Rate, Software (optional), Total. Includes sections for Touch-Table Kiosk, Touch-Standing Kiosk, and Interactive Touchscreen Monitors.

Please Note: To receive a confirmation of your order prior to event, please e-mail: info@metromultimedia.com .

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DIGITAL KIOSKS

Examples of our Touch-Table and Touch-Standing Kiosks



TOTAL PAGE 2 + PAGE 3 = _____ + TAX @ 8.875% = _____ + \$175.00 Deliver & Pick-Up = TOTAL _____
Payment Authorization Form must accompany order.
All Cancellations are subject to a 5% processing fee. Cancellations received after discount deadline date are subject to a 25% restocking fee.
Equipment Cancellations not received 72 Hrs. before delivery date will be charged 100% - **NO EXCEPTIONS**