the POOL&SPA show
powered by Northeast Spa and Pool Association

JANUARY 28-30, 2025
ATLANTIC CITY CONVENTION CENTER
ATLANTIC CITY, NEW JERSEY

VISTA CONVENTION SERVICES

6575 Delilah Road   P: 609-485-2421
PO Box 3000   F: 609-485-2392
Pleasantville, NJ 08232
WWW.VISTACS.COM

PAYMENT & CREDIT CARD AUTHORIZATION

Please complete the information requested & return payment in full with this form and your orders. You may choose to pay by credit card, check or bank wire transfer, however; **WE REQUIRE YOUR CREDIT CARD AUTHORIZATION TO BE ON FILE WITH VISTA CONVENTION SERVICES.** *For your convenience, we will use this authorization to charge your credit card for any additional amounts incurred as a result of show site orders placed by your representative for this event.*

Standard Booth Furnishings & Accessories ....$_____
Carpet/Carpet Padding ....$_____
Custom Furnishings...$_____
VCS Modular Rental Unit..$_____
Fabric Backwall Display ....$_____
Showcases ....$_____
Estimated Labor ....$_____
Estimated Forklift Labor ....$_____
Estimated Sign Hanging...$_____
Estimated Spa Handling ....$_____
Estimated Material Handling..$_____

SUB TOTAL $_____
*ADD 6.625% NJ SALES TAX $_____
NET AMOUNT DUE VISTA $_____

* Note: All Services are Taxable in the State of NJ.

INDICATE PAYMENT METHOD:

Check #_____ Dated_____ Amount $_____

Charge to: ☐ MasterCard   ☐ VISA   ☐ American Express

Account # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date ☐☐☐☐☐

CVV ☐☐☐

Cardholder's Name_____
(Print or Type)
Cardholder's Address_____ City_____ State_____ Zip_____

Signature_____
ALL ORDERS SUBJECT TO LIMITS OF LIABILITY.

Company Name_____ Booth #_____

Street Address _____ Phone #_____

City_____ State_____ Zip_____

Ordered by (Print or Type)_____ E-Mail_____

Signature_____

Submit order with payment to: orders@vistacs.com before deadline date!