

FREEMAN

6555 West Sunset Road
Las Vegas, NV 89118
(702) 579-1700 • Fax: (469) 621-5604

**DISCOUNT PRICE
DEADLINE DATE
FEBRUARY 4, 2019**

INCLUDE THIS FORM
WITH YOUR ORDER
PLEASE USE BLACK INK

NAME OF SHOW: **WPPI 2019 / February 27 - March 1, 2019**

COMPANY NAME:		BOOTH#:
ADDRESS:		BOOTH SIZE X
CITY/STATE/ZIP:		CUSTOMER #
PHONE #:	EXT.:	FAX #:
SIGNATURE:		PRINT NAME:
CONTACT'S E-MAIL		

E-MAIL FOR INVOICE CHECK IF YOU ARE A NEW FREEMAN CUSTOMER

Invoices will be sent by e-mail, please provide e-mail address of the person who reconciles your invoices if different than above.

METHOD OF PAYMENT

BY SUBMITTING THIS FORM VIA FAX OR POSTAL MAIL OR ORDERING MATERIALS OR SERVICES FROM FREEMAN, YOU AGREE TO BE BOUND BY ALL TERMS & CONDITIONS INCLUDED IN YOUR SERVICE MANUAL.

- | | |
|--|--|
| <p><input type="checkbox"/> COMPANY CHECK
Please make check payable to: Freeman. Checks must be in U.S. funds drawn on a U.S. or Canadian bank. ("U.S. FUNDS" MUST BE PRE-PRINTED on Canadian checks.)
Please reference (458058) on your remittance.</p> <p><input type="checkbox"/> CREDIT/DEBIT CARD
For your convenience, we will use this authorization to charge your credit/debit 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 all Freeman companies, or any charges which Freeman may be obligated to pay on behalf of Exhibitor, including without limitation, any shipping charges. Please complete the information requested below:</p> <p><input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA We do not accept credit card information via email.</p> | <p><input type="checkbox"/> BANK TRANSFER
Bank Transfer to Bank of America, N.A.; Dallas, TX
<i>Wire Transfer</i>
ABA#: 026009593 ACCT #1252039192 Freeman
<i>International Wire Transfer</i>
Swift Code: BOFAUS3N ACCT #1252039192 Freeman
<i>ACH Direct Deposit</i>
ABA# 111000012 ACCT #1252039192 Freeman
Bank address for Wire and ACH is 901 Main St, Dallas, TX 75202
Please reference Name of Show & Booth Number so we can properly credit your account.
<u>Note: Customers are responsible for any bank processing fees.</u></p> |
|--|--|

Account No: _____ Exp. Date: _____

Cardholder Name (Print): _____ Signature: _____

Cardholder Billing Address: _____

City/State/Zip: _____

ENTER TOTALS HERE

FURNISHINGS & ACCESSORIES	CARPET	CLEANING/ SHAMPOOING	PORTER SERVICE	RENTAL EXHIBITS & ACCESSORIES	SIGNS	INSTALLATION LABOR	DISMANTLE LABOR
MATERIAL HANDLING	RIGGING INSTALLATION	RIGGING DISMANTLE	HANGING SIGNS	UTILITIES	EXHIBIT TRANSPORTATION	GRAND TOTAL	

- Remember to order in advance to save time and money. You may place your order by phone, fax, mail, or use our online ordering service at: www.freeman.com.
- Orders received without payment or after the discount price deadline date will be charged at the standard price.
- Copies of invoices may be picked up from the Freeman Service Center prior to show closing.
- If you have questions or need assistance with any items not listed, please call and ask for your Exhibitor Sales Representative.

FREEMAN method of payment

FREEMAN

6555 West Sunset Road
Las Vegas, NV 89118
(702) 579-1700 • Fax: (469) 621-5604

WPPI 2019 / February 27 - March 1, 2019

In order to authorize Freeman to invoice a third party for payment of services rendered to exhibitors, both the exhibiting company and the third party must complete this form and return it at least 14 days prior to show move-in.

EXHIBITING COMPANY AUTHORIZATION OF THIRD PARTY BILLING

"We understand and agree that we, the exhibiting company, are ultimately responsible for payment of charges and agree by submitting this form or ordering materials or services from Freeman, to be bound by all terms and conditions as described in the Terms & Conditions section of this services manual. 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 back 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."

BY SUBMITTING THIS FORM VIA FAX OR POSTAL MAIL OR ORDERING MATERIALS OR SERVICES FROM FREEMAN, YOU AGREE TO BE BOUND BY ALL TERMS & CONDITIONS INCLUDED IN YOUR SERVICE MANUAL.

EXHIBITOR NAME: (PLEASE PRINT) _____

EXHIBITOR SIGNATURE: _____

DATE: _____

EXHIBITING COMPANY INFORMATION

EXHIBITING COMPANY NAME: _____

BOOTH #: _____

EXHIBITING COMPANY ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EXT. _____

FAX: _____

CONTACT'S E-MAIL: _____

Indicate which services are to be invoiced to the Third Party:

- | | |
|---|---|
| <input type="checkbox"/> ALL SERVICES | <input type="checkbox"/> FREEMAN EXHIBIT TRANSPORTATION |
| <input type="checkbox"/> I&D LABOR/SUPERVISION | <input type="checkbox"/> RENTAL FURNITURE/CARPET/SIGNS |
| <input type="checkbox"/> MATERIAL HANDLING/IN & OUT | <input type="checkbox"/> BOOTH CLEANING |
| <input type="checkbox"/> UTILITIES | <input type="checkbox"/> OTHER _____ |

THIRD PARTY COMPANY INFORMATION

THIRD PARTY COMPANY NAME: _____

CONTACT NAME: _____

THIRD PARTY BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EXT. _____

FAX: _____

CONTACT'S E-MAIL: _____

E-MAIL FOR INVOICE: _____

Invoices will be sent by e-mail, please provide e-mail address of the person who reconciles your invoices if different than above.

THIRD PARTY CREDIT/DEBIT CARD AUTHORIZATION

- AMERICAN EXPRESS MASTERCARD VISA **We do not accept credit card information via email.**

ACCOUNT NO: _____

EXP. DATE: _____

CARDHOLDER NAME (PLEASE PRINT): _____

CARD TYPE: _____

AUTHORIZED SIGNATURE: _____

CARDHOLDER BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

(458058)

FREEMAN third party authorization