

F R E E M A N

940 Belfast Road
Ottawa, Ontario K1G 4A2
(613) 748-7180 • Fax: (613) 748-5977
freemanottawaES@freemanco.com

ALL PRICES ARE IN
CANADIAN DOLLARS

NAME OF SHOW: **NATIONAL WOMENS SHOW MTL 2012**

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 OR ORDERING MATERIALS OR SERVICES FROM FREEMAN, YOU AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS INCLUDED IN YOUR SERVICE MANUAL

The undersigned expressly consents to the digital processing and transmission of personal data which may be transmitted to the United States of America.

EXHIBITOR NAME: (PLEASE PRINT)

EXHIBITOR SIGNATURE:

DATE:

EXHIBITING COMPANY INFORMATION

EXHIBITING COMPANY NAME:

BOOTH #:

EXHIBITING COMPANY ADDRESS:

CITY/PROVINCE/POSTAL CODE:

PHONE:

EXT.

FAX:

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

- | | |
|---|--|
| <input type="checkbox"/> ALL FREEMAN SERVICES | <input type="checkbox"/> MATERIAL HANDLING/IN & OUT |
| <input type="checkbox"/> I&D LABOUR/SUPERVISION | <input type="checkbox"/> RENTAL FURNITURE/CARPET/SIGNS |
| <input type="checkbox"/> OTHER _____ | |

THIRD PARTY COMPANY INFORMATION

THIRD PARTY COMPANY NAME:

CONTACT NAME:

THIRD PARTY ADDRESS:

CITY/STATE/ZIP:

PHONE:

EXT.

FAX:

CONTACT'S E-MAIL:

E-MAIL FOR INVOICE:

Invoices will be sent by e-mail. Please provide the e-mail address of the person who reconciles your invoices if different than contact's email.

THIRD PARTY CREDIT CARD AUTHORIZATION

- AMERICAN EXPRESS MASTERCARD VISA

CREDIT CARD ACCOUNT NO:

EXP. DATE:

CARDHOLDER NAME (PLEASE PRINT):

CARD TYPE:

AUTHORIZED SIGNATURE:

CARDHOLDER BILLING ADDRESS:

CITY/PROVINCE/POSTAL CODE:

OCTOBER 2009 (282657)

FREEMAN third party authorization