

# FREEMAN®

940 Belfast Road  
Ottawa, Ontario, K1G 4A2  
(613) 748-7180 • Fax: (613) 748-5977

**DISCOUNT PRICE  
DEADLINE DATE**  
SEPTEMBER 26, 2019

**INCLUDE THIS FORM  
WITH YOUR ORDER  
PLEASE USE BLACK INK**

NAME OF SHOW: NATIONAL WOMEN'S SHOW (OTTAWA)

COMPANY NAME: \_\_\_\_\_ BOOTH#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BOOTH SIZE X \_\_\_\_\_

CITY, PROVINCE/STATE, POSTAL/ZIP CODE: \_\_\_\_\_ 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 the e-mail address of the person who reconciles your invoices if different than contact's email.**

## METHOD OF PAYMENT

BY SUBMITTING THIS FORM VIA FAX, POSTAL MAIL 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.

**COMPANY CHECK**

Please make cheque payable to: Freeman. Cheques must be in CAN. funds drawn on a Canadian Bank or U.S funds drawn on a U.S bank.  
**Please reference (487059) on your remittance.  
GST # R101889426**

**CREDIT CARD**

For your convenience, we will use this authorization to charge your credit 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:

**We do not accept credit card information by email.**

AMERICAN EXPRESS     MASTERCARD     VISA

**BANK TRANSFER**

**Please note that customers are responsible for any bank processing fees of \$15.00 CDN.**

■ Beneficiary Name: Freeman Expositions, Ltd.  
61 Browns Line, Toronto, Ontario, Canada M8W 3S2

■ Bank Transfer to Royal Bank of Canada  
Bank # 003 - 200 Bay Street, Toronto, Ontario, Canada M5J 2J5

■ Transit or Bank ID: 00002 - Freeman Account # 000021048693  
**Foreign Exhibitors wiring funds from Overseas should use:**  
Swift Code: ROYCCAT2

■ IBAN Number: Canadian Banks do not carry IBAN numbers  
**Please reference Name of Show & Booth Number on all Bank Transfers so we properly credit your account.**

Account No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Personal Credit Card     Company Credit Card

Cardholder Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City, Province/State, Postal/Zip Code: \_\_\_\_\_

## ENTER TOTALS HERE

FURNISHINGS	CARPET	PLANTS	RENTAL EXHIBITS	EXHIBIT ACCESSORIES	SIGNS & GRAPHICS	INSTALLATION LABOUR	DISMANTLE LABOUR
EXHIBIT TRANS/CUSTOMS	MATERIAL HANDLING	ELECTRICAL	HANGING SIGNS				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](http://www.freeman.com).
- Orders received without payment or after the deadline date will be charged at the standard price.
- Copies of invoices may be picked up from the Service Centre 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.

For secure and fast payment by credit / debit credit card, click here to enter your payment information:  
<https://payments.freemanco.com/?DepartmentId=3796F00A-5E7A-400B-8A7A-5FDCE61CA0B3>

FREEMAN method of payment

**NAME OF SHOW:** NATIONAL WOMEN'S SHOW (OTTAWA)**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, POSTAL MAIL 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:

CONTACT'S E-MAIL:

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

- |   |   |
|---|---|
| <input type="checkbox"/> ALL FREEMAN SERVICES       | <input type="checkbox"/> FREEMAN TRANSPORTATION & CUSTOMS |
| <input type="checkbox"/> I&D LABOUR/SUPERVISION     | <input type="checkbox"/> RENTAL FURNITURE/CARPET/SIGNS    |
| <input type="checkbox"/> MATERIAL HANDLING/IN & OUT | <input type="checkbox"/> FREEMAN ELECTRICAL               |
| <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    **WE DO NOT ACCEPT CREDIT CARD INFORMATION BY EMAIL.**

CREDIT CARD ACCOUNT NO:

EXP. DATE:

CARDHOLDER NAME (PLEASE PRINT):

CARD TYPE:

AUTHORIZED SIGNATURE:

CARDHOLDER BILLING ADDRESS:

CITY/PROVINCE/POSTAL CODE: