

FREEMAN

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TRAINING 2008 CONFERENCE AND EXPO / FEBRUARY 4-5, 2008

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 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."

YOUR SIGNATURE BELOW DENOTES ACCEPTANCE OF ALL FREEMAN TERMS AND CONDITIONS INCLUDED IN YOUR SERVICE KIT.

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:

ALL FREEMAN SERVICES

I&D LABOR/SUPERVISION

MATERIAL HANDLING/IN & OUT

FREEMAN EXHIBIT TRANSPORTATION

RENTAL FURNITURE/CARPET/SIGNS

BOOTH CLEANING

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

DISCOVER

DINERS CLUB

CREDIT CARD ACCOUNT NO: _____

EXP. DATE: _____

CARDHOLDER NAME (PLEASE PRINT): _____

CARD TYPE: _____

AUTHORIZED SIGNATURE: _____

CARDHOLDER BILLING ADDRESS: _____

CITY/STATE/ZIP: _____