

F R E E M A N

4493 Florence St
 Denver, CO 80238
 (303) 320-5100 Fax: (469) 621-5614
 FreemanDenverES@freemanco.com

DISCOUNT PRICE
 DEADLINE DATE
 JANUARY 23, 2012

INCLUDE THIS FORM
 WITH YOUR ORDER

NAME OF SHOW: **PROGREEN EXPO 2012 / February 8-10, 2012**

COMPANY NAME: _____ BOOTH #: _____

ADDRESS: _____ BOOTH SIZE : _____ X

CITY/STATE/ZIP: _____

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 contact's email.

METHOD OF PAYMENT

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

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 (279776) on your remittance.

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:

AMERICAN EXPRESS **MASTER CARD** **VISA**

BANK TRANSFER
 Bank transfer to Bank of America, N.A.; Dallas, TX
Wire Transfer
 ABA#: 026009593 ACCT 1252039192 Freeman
International Wire Transfer
 Swift Code: BOFAUS3N ACCT# 1252039192 Freeman
ACH Direct Deposit
 ABA#:111000012 ACCT# 1252039192 Freeman
Please reference Name of Show & Booth Number so we can properly credit your account.
Note: Customers are responsible for any bank processing fees.

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	EXHIBIT TRANSPORTATION	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.freemanco.com/store.
- 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 Service Desk prior to show closing.
- If you have questions or need assistance with any items not listed, please call and ask for your Exhibitor Services Representative.

TELL US WHAT YOU THINK

Freeman is committed to providing great customer service. To help us serve you more effectively in the future, please visit the URL address below upon the completion of your show to provide feedback. Your input will provide the insight needed to ensure that our customer service is in line with your expectations.
<http://feedback.freemanco.com/?279776>

FREEMAN method of payment

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PROGREEN EXPO 2012 / February 8-10, 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 service 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 & 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 FREEMAN 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"/> 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 the e-mail address of the person who reconciles your invoices if different than contact's e-mail.

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/STATE/ZIP:

05/10 (279776)

FREEMAN third party authorization