

F R E E M A N

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**DISCOUNT PRICE
DEADLINE DATE
JANUARY 31, 2006**

**METHOD OF PAYMENT MUST
ACCOMPANY YOUR ORDER**

SAE 2006 ADSC - FEBRUARY 14 - 16, 2006

FOR USE OF AN EXHIBITOR APPOINTED CONTRACTOR:

"We understand and agree that we, the exhibiting firm, 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."

- | | |
|--|---|
| <input type="checkbox"/> ALL SERVICES | <input type="checkbox"/> FREEMAN 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"/> OTHER _____ |

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

EXHIBITING COMPANY INFORMATION

EXHIBITING COMPANY NAME:	BOOTH#:	
EXHIBITING COMPANY ADDRESS:		
(CITY)	(STATE)	(ZIP)
PHONE:	EXT.	FAX:
E-MAIL:		
EXHIBITOR NAME: (PLEASE PRINT)		
EXIBITOR SIGNATURE:	DATE:	

THIRD PARTY AGENT INFORMATION

CREDIT CARD ACCOUNT NO.:	EXP. DATE:	
<input type="checkbox"/> PERSONAL CREDIT CARD	<input type="checkbox"/> COMPANY CREDIT CARD	
CARDHOLDER NAME: (PLEASE PRINT)		
AUTHORIZED SIGNATURE:		
CARDHOLDER BILLING ADDRESS:		
BILLING CITY/STATE/ZIP:		
THIRD PARTY COMPANY NAME:		
THIRD PARTY BILLING ADDRESS:		
CITY/STATE/ZIP:	E-MAIL	
PHONE:	EXT.	FAX:
AREA CODE	AREA CODE	

FREEMAN THIRD PARTY AUTHORIZATION