

# F R E E M A N

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SAE 2006 MOTORSPORTS ENGINEERING - DECEMBER 5 - 7, 2006

**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 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:

E-MAIL:

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

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

## THIRD PARTY COMPANY INFORMATION

THIRD PARTY COMPANY NAME:

CONTACT NAME:

THIRD PARTY BILLING ADDRESS:

CITY/STATE/ZIP:

PHONE:

EXT.

FAX:

CONTACT E-MAIL:

E-MAIL FOR INVOICE NOTIFICATION:

## THIRD PARTY CREDIT CARD AUTHORIZATION

AMERICAN EXPRESS DISCOVER MASTERCARD VISA DINERS CLUB

ACCOUNT NO:

EXP. DATE:

PERSONAL CREDIT CARD

COMPANY CREDIT CARD

CARDHOLDER NAME: (PLEASE PRINT):

CARDHOLDER SIGNATURE:

CARDHOLDER BILLING ADDRESS:

CITY/STATE/ZIP:

FREEMAN THIRD PARTY AUTHORIZATION