

# F R E E M A N

One Washington Blvd., Suite 1056  
Detroit, MI 48226  
Ph: (313) 393-0250 • Fax: (469) 621-5619  
FreemanDetroitES@freemanco.com

## SAE 2011 NOISE & VIBRATION CONF. & EXPO / MAY 16 - 18, 2011

**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:

- |   |   |
|---|---|
| <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"/> OTHER _____                    |

**FOR ACCURACY PURPOSES, SHOW MANAGEMENT REQUIRES COPIES OF ALL INVOICES TO BE SENT TO THE EXHIBITOR ON RECORD AT THE CONCLUSION OF THE SHOW.**

### 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

CREDIT CARD ACCOUNT NO:

EXP. DATE:

CARDHOLDER NAME (PLEASE PRINT):

CARD TYPE:

AUTHORIZED SIGNATURE:

CARDHOLDER BILLING ADDRESS:

CITY/STATE/ZIP:

GRRAP 10-11 (269035)

FREEMAN third party authorization