

F R E E M A N

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DISCOUNT PRICE DEADLINE DATE IS
 10 BUSINESS DAYS PRIOR TO EVENT

**INCLUDE THIS FORM
 WITH YOUR ORDER**

TO ENSURE THAT YOUR ORDER IS RECEIVED AND PROCESSED CORRECTLY, PLEASE COMPLETE THE INFORMATION BELOW WITH THE SHOW NAME, DATES, COMPANY NAME, PHONE NUMBER AND EMAIL ADDRESS. THANK YOU!

NAME OF SHOW: **SAE POWERTRAIN FUELS & LUBRICANTS MEETING / November 2-4, 2009**

COMPANY NAME: _____ BOOTH#: _____

ADDRESS: _____ BOOTH SIZE _____ X

CITY/STATE/ZIP: _____ CUSTOMER # _____

PHONE #: _____ EXT.: _____ FAX #: _____

SIGNATURE: _____ PRINT NAME:

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. CONTACT'S E-MAIL

E-MAIL FOR INVOICE: _____ CHECK IF YOU ARE A NEW FREEMAN CUSTOMER

METHOD OF PAYMENT

YOUR SIGNATURE BELOW DENOTES ACCEPTANCE OF ALL TERMS AND 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. ("US. FUNDS" MUST BE PRE-PRINTED on Canadian checks.)
- 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 DISCOVER MASTERCARD VISA DINERS CLUB
- 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 TOTAL HERE

ELECTRICAL TOTAL	MATERIAL HANDLING TOTAL	GRAND TOTAL

- 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.

FREEMAN method of payment