F R E E M A N
6555 West Sunset Road
Las Vegas, NV 89118
Ph: 702-579-1700 • Fax: 469-621-5604
FreemanLasVegasES@freemanco.com

FREEMAN third party authorization

SEMA Show 2014 / November 4-7, 2014

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 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."

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:

- ☐ **ALL SERVICES**
- ☐ **I&D LABOR/SUPERVISION**
- ☐ **MATERIAL HANDLING/IN & OUT**
- ☐ **UTILITIES**
- ☐ **FREEMAN EXHIBIT TRANSPORTATION**
- ☐ **RENTAL FURNITURE/CARPET/SIGNS**
- ☐ **BOOTH CLEANING**
- ☐ **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 e-mail address of the person who reconciles your invoices if different than above.

THIRD PARTY CREDIT/DEBIT CARD AUTHORIZATION

☐ **AMERICAN EXPRESS** ☐ **MASTERCARD** ☐ **VISA** **FREEMAN NOW ACCEPTS DEBIT CARDS**

ACCOUNT NO: _____ EXP. DATE: _____

CARDHOLDER NAME (PLEASE PRINT): _____ CARD TYPE: _____

AUTHORIZED SIGNATURE: _____

CARDHOLDER BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

(303554)