

# F R E E M A N

5040 West Roosevelt Road  
Chicago, Illinois 60644-1436  
(773) 473-7080 • Fax (773) 379-9879  
Email: FreemanChicagoES@freemanco.com

## HIMSS09 April 5-8, 2009 • McCormick Complex

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: \_\_\_\_\_

TFC#: (IF KNOWN) \_\_\_\_\_

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"/> BOOTH CLEANING             | <input type="checkbox"/> RENTAL FURNITURE/CARPET/SIGNS  |
| <input type="checkbox"/> I&D LABOR/SUPERVISION      | <input type="checkbox"/> OTHER _____                    |
| <input type="checkbox"/> MATERIAL HANDLING/IN & OUT |   |

### THIRD PARTY COMPANY INFORMATION

THIRD PARTY COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

THIRD PARTY ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

(EXT.) \_\_\_\_\_

FAX: \_\_\_\_\_

CONTACT'S EMAIL ADDRESS \_\_\_\_\_

#### EMAIL FOR INVOICES

INVOICES WILL BE SENT BY EMAIL, PLEASE PROVIDE EMAIL ADDRESS OF THE PERSON WHO RECONCILES YOUR INVOICES IF DIFFERENT THAN ABOVE.

### THIRD PARTY CREDIT CARD AUTHORIZATION

- AMERICAN EXPRESS     DISCOVER     MASTERCARD     VISA     DINERS CLUB

CREDIT CARD ACCOUNT NO.: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

CARDHOLDER NAME: (PLEASE PRINT) \_\_\_\_\_

CARD TYPE: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

CARDHOLDER BILLING ADDRESS: \_\_\_\_\_

BILLING CITY/STATE/ZIP: \_\_\_\_\_