

FREEMAN

940 Belfast Road
Ottawa, Ontario, K1G 4A2
(613) 748-7180 • Fax: (613) 748-5977

DISCOUNT PRICE
DEADLINE DATE
JANUARY 5, 2018

**INCLUDE THIS FORM
WITH YOUR ORDER
PLEASE USE BLACK INK**

NAME OF SHOW: **OTTAWA HOME & REMODELLING SHOW**

COMPANY NAME: _____ BOOTH#: _____

ADDRESS: _____ BOOTH SIZE X _____

CITY, PROVINCE/STATE, POSTAL/ZIP CODE: _____ CUSTOMER # _____

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

SIGNATURE: _____ PRINT NAME: _____

CONTACT'S E-MAIL _____

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

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.

METHOD OF PAYMENT

BY SUBMITTING THIS FORM VIA FAX, POSTAL MAIL OR ORDERING MATERIALS OR SERVICES FROM FREEMAN, YOU AGREE TO BE BOUND BY ALL TERMS AND CONDITIONS INCLUDED IN YOUR SERVICE MANUAL
The undersigned expressly consents to the digital processing and transmission of personal data which may be transmitted to the United States of America.

COMPANY CHECK

Please make cheque payable to: Freeman. Cheques must be in CAN. funds drawn on a Canadian Bank or U.S funds drawn on a U.S bank.
Please reference (460585) on your remittance.
GST # R101889426

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:

We do not accept credit card information by email.

AMERICAN EXPRESS MASTERCARD VISA

BANK TRANSFER

Please note that customers are responsible for any bank processing fees of \$15.00 CDN.

- Beneficiary Name: Freeman Expositions, Ltd.
61 Browns Line, Toronto, Ontario, Canada M8W 3S2
- Bank Transfer to Royal Bank of Canada
Bank # 003 - 200 Bay Street, Toronto, Ontario, Canada M5J 2J5
Transit or Bank ID: 00002 - Freeman Account # 000021048693
- **Foreign Exhibitors wiring funds from Overseas should use:**
Swift Code: ROYCCAT2
- **If sending USD use:**
Intermediary Bank: JP Morgan Chase Manhattan, New York, NY
Swift Code: CHASUS33 - ABA: 021000021
- IBAN Number: Canadian Banks do not carry IBAN numbers
Please reference Name of Show & Booth Number on all Bank Transfers so we properly credit your account.

Account No.: _____ Exp. Date _____

Personal Credit Card Company Credit Card

Cardholder Name (Print): _____ Signature: _____

Cardholder Billing Address: _____

City, Province/State, Postal/Zip Code: _____

ENTER TOTALS HERE

FURNISHINGS	CARPET	PLANTS	RENTAL EXHIBITS	EXHIBIT ACCESSORIES	SIGNS & GRAPHICS	INSTALLATION LABOUR	DISMANTLE LABOUR
EXHIBIT TRANS/CUSTOMS	MATERIAL HANDLING	ELECTRICAL	HANGING SIGNS				GRAND TOTAL

- Remember to order in advance to save time and money. You may place your order by phone, fax, mail, or use our online ordering service at: www.freeman.com.
- Orders received without payment or after the deadline date will be charged at the standard price.
- Copies of invoices may be picked up from the Service Centre prior to show closing.
- If you have questions or need assistance with any items not listed, please call and ask for your Exhibitor Sales Representative.

For secure and fast payment by credit / debit credit card, click here to enter your payment information:
<https://payments.freemanco.com/?DepartmentId=3796F00A-5E7A-400B-8A7A-5FDCE61CA0B3>

FREEMAN method of payment

FREEMAN

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ALL PRICES ARE IN
CANADIAN DOLLARS

NAME OF SHOW: OTTAWA HOME & REMODELLING SHOW

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.

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The undersigned expressly consents to the digital processing and transmission of personal data which may be transmitted to the United States of America.

EXHIBITOR NAME: (PLEASE PRINT) _____

EXHIBITOR SIGNATURE: _____

DATE: _____

EXHIBITING COMPANY INFORMATION

EXHIBITING COMPANY NAME: _____

BOOTH #: _____

EXHIBITING COMPANY ADDRESS: _____

CITY/PROVINCE/POSTAL CODE: _____

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 TRANSPORTATION & CUSTOMS |
| <input type="checkbox"/> I&D LABOUR/SUPERVISION | <input type="checkbox"/> RENTAL FURNITURE/CARPET/SIGNS |
| <input type="checkbox"/> MATERIAL HANDLING/IN & OUT | <input type="checkbox"/> FREEMAN ELECTRICAL |
| <input type="checkbox"/> OTHER _____ | |

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 **WE DO NOT ACCEPT CREDIT CARD INFORMATION BY EMAIL.**

CREDIT CARD ACCOUNT NO: _____

EXP. DATE: _____

CARDHOLDER NAME (PLEASE PRINT): _____

CARD TYPE: _____

AUTHORIZED SIGNATURE: _____

CARDHOLDER BILLING ADDRESS: _____

CITY/PROVINCE/POSTAL CODE: _____