

INCLUDE THE FREEMAN METHOD OF PAYMENT FORM WITH YOUR ORDER

NAME OF SHOW: **COUTURE 2018 / May 31 - June 4, 2018**

COMPANY NAME:

BOOTH #:

CONTACT NAME:

PHONE #:

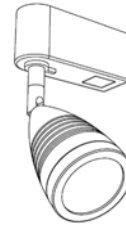
E-MAIL ADDRESS:

For Assistance, please call 702-579-1700 to speak with one of our experts.

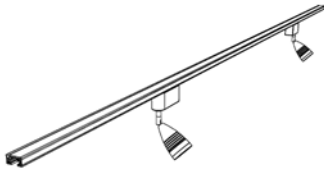
TRACK LIGHTING



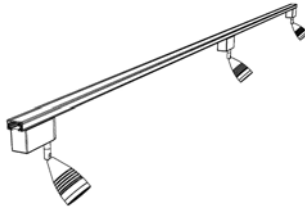
ARM LIGHT, 75 WATT



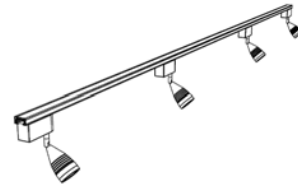
ADDITIONAL LIGHT FIXTURE



TRACK LIGHT WITH 2 FIXTURES



TRACK LIGHT WITH 3 FIXTURES



TRACK LIGHT WITH 4 FIXTURES

Price includes:

- Installation
- Electrical
- Dismantle

Additional power is required whenever two (2) or more lights are added to Salon lighting or any other electrical devices are used in booth. Please refer to the Electrical Order Form to order additional electrical service for anything other than track lighting.

Please complete the Track Lighting Diagram on page 2. Failure to provide an accurate diagram on the Track Lighting Diagram will result in Freeman setting units at its own discretion. Any adjustments requested at show site will incur additional labor charges.

Description	Quantity	Discount Price	Standard Price	Total
Arm Light, 75 Watt		\$66.85	\$93.60	\$
Additional Light Fixture, 6000K		\$57.90	\$81.05	\$
Track Light with 2 Fixtures		\$308.90	\$432.45	\$
Track Light with 3 Fixtures		\$348.05	\$487.25	\$
Track Light with 4 Fixtures		\$388.55	\$543.95	\$
			Sub-Total	\$
			8.25% Tax	\$
			Total	\$

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TRACK LIGHTING

- Use bold lines to indicate the outline of your booth space.
- Draw the items that will be included in your exhibit space.
- If this grid scale is too small for easy drawing, return a separate sheet indicating booth layout.
- Return multiple booth layouts if necessary.

Booth Information

My booth is _____ feet wide by _____ feet long

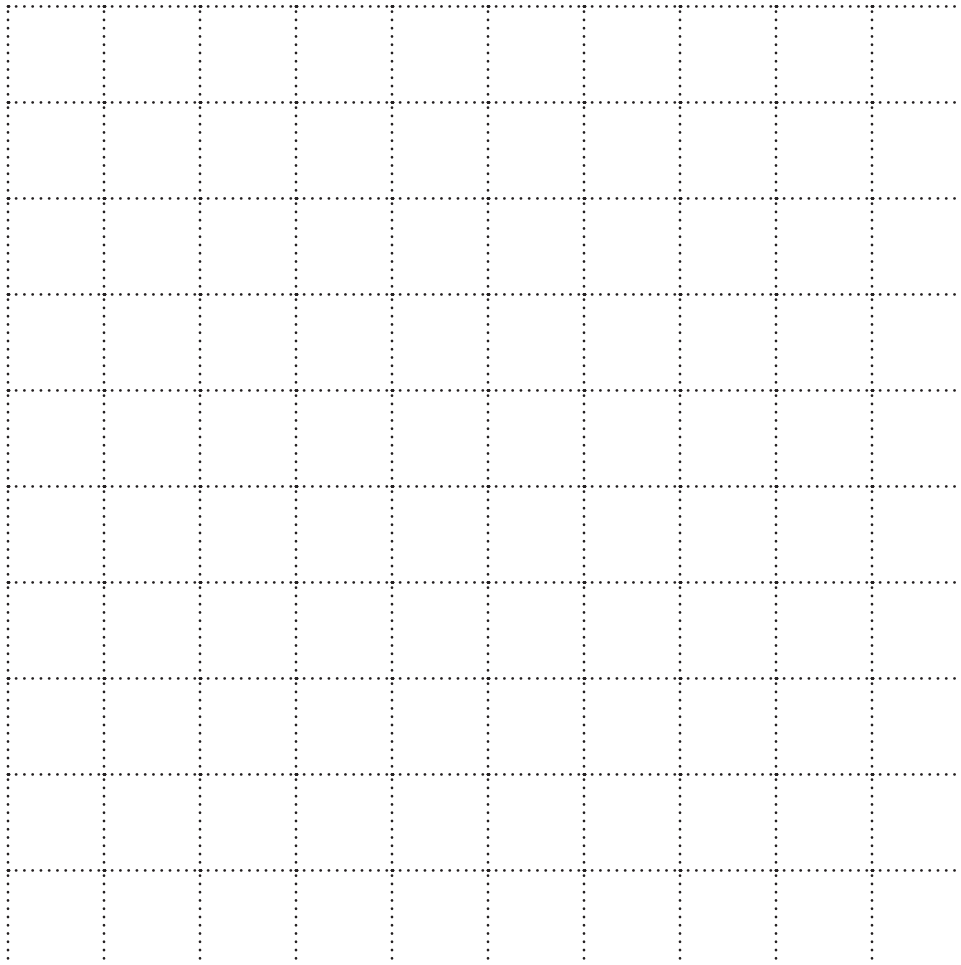
Each square of the diagram is _____ feet square

Right side adjacent booth or aisle number: _____

Left side adjacent booth or aisle number: _____

Front adjacent booth or aisle number: _____

Draw Your Booth Layout



FREEMAN

6555 West Sunset Road
Las Vegas, NV 89118
(702) 579-1700 • Fax: (469) 621-5604

**DISCOUNT PRICE
DEADLINE DATE
MAY 7, 2018**

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

NAME OF SHOW: **COUTURE 2018 / May 31 - June 4, 2018**

COMPANY NAME: _____ BOOTH#: _____

ADDRESS: _____ BOOTH SIZE _____ X

CITY/STATE/ZIP: _____ 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 e-mail address of the person who reconciles your invoices if different than above.

METHOD OF PAYMENT

BY SUBMITTING THIS FORM VIA FAX OR POSTAL MAIL OR ORDERING MATERIALS OR SERVICES FROM FREEMAN, YOU AGREE TO BE BOUND BY ALL TERMS & 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. ("U.S. FUNDS" MUST BE PRE-PRINTED on Canadian checks.)
Please reference (452018) on your remittance.
- CREDIT/DEBIT CARD**
For your convenience, we will use this authorization to charge your credit/debit 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 **MASTERCARD** **VISA** **We do not accept credit card information via email.**
- 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
Bank address for Wire and ACH is 901 Main St, Dallas, TX 75202
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 TOTALS HERE

FURNISHINGS & ACCESSORIES	CARPET	CLEANING/ SHAMPOOING	PORTER SERVICE	RENTAL EXHIBITS & ACCESSORIES	SIGNS	INSTALLATION LABOR	DISMANTLE LABOR
MATERIAL HANDLING	RIGGING INSTALLATION	RIGGING DISMANTLE	HANGING SIGNS	UTILITIES	EXHIBIT TRANSPORTATION	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 discount price deadline date will be charged at the standard price.
- Copies of invoices may be picked up from the Freeman Service Center 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.

FREEMAN method of payment