

909 Newark Turnpike Kearny, NJ 07032 (201) 299-7575 • Fax: (469) 621-5618



DISCOUNT PRICE DEADLINE DATE JUNE 22, 2018

INCLUDE THE FREEMAN METHOD OF PAYMENT FORM WITH YOUR ORDER

NAME OF SHOW: JA New York Summer Show / July 15-17, 2018								
COMP	ANY NAME:	BC	OOTH #:	BOOTH SIZE:	X			
CONT	ACT NAME:	PF	IONE #:					
_	LADDRESS:							
For As	For Assistance, please call 201-299-7575 to speak with one of our experts.							
For fast, easy ordering, go to www.freeman.com SHELF UNITS								
		Shelf Single Unit		te 5 Shelf Singl				
	Advance Price	Standard Price	Advance Price	e Standar	d Price			
	\$325.35	\$455.50	\$341.25	\$47	7.75			
		325.35 =	- Over white	@ \$341.25 =	Tabal			
Cinala	Ť		Quantity	Per Unit	Total			
	o the top of the next shelf	x 11.5" deep - 5 shelf units have the down)		vertically (from the unde	iside of one			
	Orders receiv	ved after the deadline o	<i>ludes labor</i> late will be chard	ed etandard nri	cina			
_								
		Shelf Double Unit		te 5 Shelf Doub				
	Advance Price	Standard Price	Advance Price					
	\$563.40	\$788.75	\$579.25	\$81	0.95			
		563.40 = Per Unit Total	Quantity	@ \$579.25 = Per Unit	Total			
	Quality f	o. Jine iotai	Quantity	i ei Oliit	iolai			
Double unit shelves are 64" long x 11.5" deep - 5 shelf units have the shelf positioned 11.5" apart vertically (from the underside of one								

shelf to the top of the next shelf down)

Pricing includes labor

Orders received after the deadline date will be charged standard pricing.

TOTAL COST								
Sub-Total	+ Tax (8.875%)	= TOTAL	_					

FREEMAN

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INCLUDE THIS FORM WITH YOUR ORDER PLEASE USE BLACK INK

NAME OF SHOW	: JA New Yo	ork Summer S	Show / July 1	5-17, 2018					
COMPANY NAME:				BOOTH#:					
ADDRESS:				BOOTH SIZE X					
CITY/STATE/ZIP:									
PHONE #:		EXT	:	FAX #:					
SIGNATURE:				PRINT NAME:					
CONTACT'S E-M	AIL								
E-MAIL FOR INV	OICE				Check i	f you are a nev	v Freeman Custom	er	
Invoices will be s	ent by e-mail; ple	ase provide e-ma	il address of the p	erson who recor	nciles your invoice	s if different th	han contact's e-ma	il.	
BY SUBMITTING THIS FORM VIA FAX OR POSTAL MAIL OR ORDERING BOUND BY ALL TERMS & CONDITIONS INCLUDED IN YOUR SERVICE MA 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.) Please reference (459853) 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:				BANK T Bank Tran ABA#: 02 Internatio Swift Cod ACH Dire ABA# 111 Bank Add Please re properly Note: Cu					
Account No.:				7	Exp. Date:				
Cardbaldar Nan		al Credit Card	L	Company Credit C					
Cardholder Nan	, ,			Sig	nature:				
Cardholder Billin	ng Address:								
City/State/Zip:									
			ENTER	TOTALS HE	RE				
FURNISHINGS & ACCESSORIES	CARPET	RENTAL EXHIBITS & ACCESSORIES	INSTALLATION LABOR	DISMANTLE LABOR	MATERIAL HANDLING				
ACCESSORIES	1	& ACCESSORIES	LABOR	LABOR	HANDLING	1		\neg	
RIGGING INSTALLATION	RIGGING DISMANTLE	SIGNS	EXHIBIT TRANSPORTATION		GRAND TOTAL			<u> </u>	
		<u> </u>							

- 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.