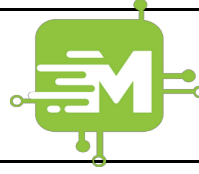


Payment Authorisation Form

F R E E M A N

Show: Med-Tech Innovation | Expo
Venue: NEC, Birmingham
Dates: 15-16th May 2019



All orders must be accompanied by this form, orders will not be accepted without this form

Exhibitor Details For Invoicing

Exhibitor Name:	Stand Number:
Telephone:	VAT No*:
Company Address (for invoicing):	
	Post Code:
Contact Name:	Contact Email :
Billing Email Address:	
Signed:	Date:

*** PLEASE NOTE: A VALID VAT NUMBER MUST BE SUPPLIED. IF YOU ARE EXEMPT FROM PAYING VAT AND DO NOT SUPPLY THE RELEVANT INFORMATION STANDARD VAT CHARGES WILL APPLY.**

Payment Details

- Please charge my credit/debit card (see details below)
 I will be making a bank transfer

Card Holders Name:

Signed:

Maestro / Mastercard / Visa Debit / Visa (Delete as appropriate)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Valid From:
Security
Code

/

Expiry Date:

/

Issue Number:

(last 3 digits on the back of card)

Please supply the address where the card is registered to if this differs from the address above (including postcode):

Address:

--

Postcode:

Bank Transfers:

When making a bank transfer please ensure you clearly identify your Invoice number and your Account Number on the transfer, these can both be found on your Freeman Invoice. For our full Terms & Conditions please visit www.freeman

Bank Name: Bank of America
Bank Address: 26 Elmfield Road, Bromley, Kent, BK1 1WA
Account name: The Freeman Company (UK) Limited
SWIFT/BIC: BOFAGB22

Sort Code: 16-50-50
Account Number – 56630017
IBAN: GB33 BOFA 1650 5056 6300 17

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