

EXHIBITOR SECURITY SERVICE ORDER FORM



Company Name:						Booth #		
Billing Address:								
Email Address:					City	-	State	ZIP
Phone Number:					Fax:			
On-Site Contact:					Mobile:			
Wait for Exhil	bitor to Arrive		0	R	Release Acco	ording to the S	Schedule	
No. of Personr	nel Requested	I						
Date:		<u>Start Time:</u>			End Time:			Total Hrs: (4 hr. min.)
	-							
	-							
	_							
	_							
	_							
	_							
Advance Rate:	\$22.00_	<u>per h</u> our	For orde	rs submitted	prior to:	Novemb	oer 10, 2	2017
On-Site Rate:	\$24.00	per hour						
Payment Method:		 Card (3% fee)			Check (mı	ist accompany	order form)
Credit Card No:		_						:
Cardholder Name:					Signature:			
	(Exactly how it appears on the card)							
Total Hrs:	× Rate:		x 1.03 (39	% CC process	sing fee)=	тот		
Ordered By:								
Signature:						Date:		
		erCard & AMEX.						
		this form and pa 2 S. Morgan St.						

Corporate Office: United Security Services, Inc. (USSC) 1550 South Indiana Avenue Chicago, IL 60605 - License No. 122.000834 | State of California License No. 6145

USSC is not an insurer. Charges are based solely upon the value of the services provided for, and are unrelated to the value of the client's operation, property or the property of others. The amounts payable by the client are not sufficient to warrant assuming any risk of damage or loss to property due to USSC's negligence of failure to perform. USSC , its agents and representatives, will provide all necessary safeguards and shall assume no liability for life, accident, theft of property, damage to property or any other loss due to factors beyond our control. The client, by signing this agreement holds USSC harmless for any and all losses and agrees to have in effect at the time of signing this agreement insurance to cover all product, and personal damages and any claims arising from engaging in the business as an exhibitor.