

EXHIBITOR SECURITY SERVICE ORDER FORM

Company Name:					Booth #	
Billing Address:						
Email Address:				City	State	ZIP
Phone Number:				Fax:		
On-Site Contact:				Mobile:		
Wait for Exhi	bitor to Arrive	e	OR	Release Accord	ing to the Schedule	
No. of Person	nel Requested	d				
<u>Date:</u>		Start Time:		End Time:		Total Hrs: (6 hr. min.)
	_					
	_					
	_					
	_					
	_					
	_					-
Advance Rate:	29.00_	per hour	For orders submi	itted prior to:		
On-Site Rate:	27.00_	per hour				
Payment Method:	Credit	Card (3% fee)		Check (must	accompany order forn	າ)
Credit Card No:				Ехр:	SV	C:
Cardholder Name:	/5			Signature:		
T			ears on the card)			
Total Hrs:	_ x Rate:		x 1.03 (3% CC pro	ocessing tee)=	TOTAL AMOUN	IT DUE
Ordered By:					D. L.	
Signature:					Date:	

We accept Visa, MasterCard & AMEX. Please make checks payable to United Security Services, Inc. Please submit this form and payment to John Kennedy jkennedy@unitedhq.com
Mailing Address: 1550 S. Indiana Dr, Chicago, Il 60605 Phone: 562-424-4441 . A confirmation email will be sent upon receipt of this order form and payment.

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