



Vendor Security Booth Watch Request Form

Company Name: \_\_\_\_\_ Booth # \_\_\_\_\_
Billing Address: \_\_\_\_\_ City State ZIP
Email Address: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_
On-Site Contact: \_\_\_\_\_ Mobile: \_\_\_\_\_

Wait for Exhibitor to Arrive \_\_\_\_\_ OR Release According to the Schedule \_\_\_\_\_

No. of Personnel Requested \_\_\_\_\_

Table with 4 columns: Date, Start Time, End Time, Total Hrs. Multiple rows for scheduling.

TOTAL \_\_\_\_\_

Advance Rate: \$35.00 per hour For orders submitted prior to 10 business days before move-in date

9 days/onsite \$42.00 per hour

Payment Method: Credit Card (3% fee) \_\_\_\_\_ Check (must accompany order form) \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp: \_\_\_\_\_ SVC: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_
(Exactly how it appears on the card)

Total Hrs: \_\_\_\_\_ x Rate: \_\_\_\_\_ x 1.03 (3% CC processing fee) = \_\_\_\_\_ TOTAL AMOUNT DUE

Ordered By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We accept Visa, MasterCard & AMEX- Please make checks payable to United Security Services, Inc.

Please submit this form and payment to Ebrowder@unitedhq.com

Mailing Address: 10501 S Orange Ave, Suite 101., Orlando, FL 32824

Phone: (O) 407-438-1954 (M) 407-269-3337

Confirmation email will be sent upon receipt of this order form and payment.

FL License No. B 2700195, BB1500020