



EXHIBITOR SECURITY SERVICE ORDER FORM

Company Name:					Booth #		
Billing Address:							
Email Address:				City		State	ZIP
Phone Number:				Fax:			
On-Site Contact:				Mobile:			
Wait for Exh	ibitor to Arrive	<u> </u>	OR	Release Acco	rding to the	Schedule	
No. of Person	nel Requested	l					
<u>Date:</u>		Start Time:		End Time:			Total Hrs: (4 hr. min.)
	_						
	_						
	_						
Advance Rate:	\$22.00	per hour	For orders submitted	prior to:	March	12, 20	18
On-Site Rate:	\$27.00	per hour					
Payment Method:	Credit	Card (3% fee)		Check (mu	st accompany	order form)
Credit Card No:				Exp:		svc	:
Cardholder Name:				Signature:			
			ears on the card)				
Total Hrs:	x Rate:		x 1.03 (3% CC process	ing fee)=	тот	AL 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 Kierstin Canavan at kcanavan@unitedhq.com

Mailing Address: 3622 S. Morgan St. Chicago, IL 60609 Phone: 773-254-1824 Fax: 773-254-1840

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