United Security

ASI SHOW ORLANDO

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 _____

Date:	Start Time:	End Time:	Total Hrs.:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		TOTAL	_____

Advance Rate: **$38.00** per hour   **For orders submitted prior to 10 business days before move-in date**

9 days/onsite   **$45.00** 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