

# United Security Services, Inc.

## BOOTH GUARD SERVICE ORDER



10501 S. Orange Ave, Ste 101  
Orlando, Florida 32837  
P: 407.913.7940 / F: 407.816.4170  
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January 3-5,2019

COMPANY: \_\_\_\_\_ BOOTH #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

(For Invoicing)

ORDERED BY / REPORT TO ON SITE: \_\_\_\_\_

(SIGNATURE REQUIRED AT BOTTOM)

# of Personnel Needed: \_\_\_\_\_

- Wait for Exhibit Personnel To Release
- Release According to Schedule below

Security Officer: Advance Rate Deadline 12/20/2018: \$24.50 per hour (4 hr. minimum shift)

Security Officer: After 12/20/2019 \$28.00 per hour (4 hour minimum shift)

Day/Date: _____	Post Time: _____	Day/Date: _____	End Time: _____	Total Hours: _____
Day/Date: _____	Post Time: _____	Day/Date: _____	End Time: _____	Total Hours: _____
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Day/Date: _____	Post Time: _____	Day/Date: _____	End Time: _____	Total Hours: _____
Total Hours Requested: _____				Applied Rate: _____
FL State Sales Tax 6.5%: _____				OCCC 5%: _____
Add 3% for Credit Card Orders: _____				Total Due With Order: _____

PAYMENT MUST ACCOMPANY ORDER

TYPE OF CC: \_\_\_\_\_ CC # \_\_\_\_\_ EXP DATE: \_\_\_\_\_ SVC # \_\_\_\_\_

MAKE CHECK PAYABLE TO: UNITED SECURITY INC.

United Security Inc. 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 United Security's negligence of failure to perform. United Security Inc. , 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 assigning this agreement holds United Security 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_