

EXHIBITOR SECURITY SERVICE ORDER FORM



Company Name:	_					Booth #	
Billing Address:	_						
Email Address:					City	State	ZIP
Phone Number:	_				Fax:		
On-Site Contact:	_				Mobile:		
Wait for	Exhibit	or to Arri	ve	OR	Release Accor	ding to the Schedule	
No. of Pe	ersonne	l Requesto	ed				
<u>Date:</u>			Start Time:		End Time:		Total Hrs: (4 hr. min.)
						Grand To	tal:
Advance Rate:	\$28	<u> 8.50</u>	per hour	For orders subm	nitted prior to:	February 16	, 2026
On-Site Rate:	\$30	<u>.50</u>	per hour				
Payment Method:		Cred	it Card (3% fee)		Check (must accompany order form)		
Credit Card No:	_				Ехр:_	s	VC:
Cardholder Name:			Signature: _ (Exactly how it appears on the card)				
Total Hrs:				x 1.03 (3% CC processing fee)=			
		x Rate.		x 1.03 (5% CC μΓ	ocessing reej-	TOTAL AMOU	INT 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
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