

EXHIBITOR SECURITY SERVICE ORDER FORM



Company Name:					Booth #		
Billing Address:							
Email Address:				City	-	State	ZIP
Phone Number:				Fax:			
On-Site Contact:				Mobile:			
Wait for E	xhibitor to Arrive	e	OR	Release Acco	ording to the S	chedule	
No. of Pers	sonnel Requested	J					
Date:		Start Time:		End Time:			Total Hrs: (4 hr. min.)
							
							-
					G	arand Total:	!
Advance Rate:	<u>\$27.50</u>	per hour	For orders subm	itted prior to:	Februa	ry 23,	2024
On-Site Rate:	<u>\$29.50</u>	per hour					
Payment Method:	Credit	Card (3% fee)		Check (mu	ıst accompany	order form)
Credit Card No:				Exp:		svc	:
Cardholder Name:		actly how it appe	ears on the card)	Signature:			
Total Hrs:	x Rate:		x 1.03 (3% CC pro	occesing fool-			
·	x nate.		x 1.03 (3% CC pro	ocessing reej-	тоти	AL AMOUNT	Γ DUE
Ordered By:					- D-4 :		
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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