



Vendor Security Form

CompanyName: _____ Booth # _____

Billing Address: _____ City State ZIP

Email Address: _____

PhoneNumber: _____ Fax: _____

On-SiteContact: _____ Mobile: _____

Wait for Exhibitor to Arrive _____ OR Release According to the Schedule _____

No. of Personnel Requested _____

Table with 4 columns: Date, Start Time, End Time, Total Hrs. Multiple rows for scheduling.

TOTAL _____

Advance Rate prior to January 6th: \$35.00/h

January 6th-January 20th: \$45.00/h

On-Site Rate starts January 20th: \$55.00/h

For orders submitted prior to: _____

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 odianechristian@unitedhq.com

Mailing Address: 1550 S Indiana Ave, Unit 300, Chicago IL 60605 Phone: 786-226-5066

A confirmation email will be sent upon receipt of this order form and payment.

CA License No. 6145; FL License No. B 2700195; LA License No. 894; MD License No. 106-4837; NV License No. 2012B; WI License No. 16507-62

USSC 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 USSC's negligence of failure to perform. USSC, 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 signing this agreement holds USSC 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. 6 Hour Min.