



Booth Security Order Form

Show or Convention : _____

Dates: _____

Location : _____

Booth # : _____

Hall : _____

RATES

TOTAL COST: \$ -

TOTAL HRS: 0

Service as follows : 6 hour minimum

Total amount due before start of service

Paying by Credit Card : Paying by Check :

Please check one of the above (AMEX, Visa, & Mastercard Accepted)

Date	Day	Start Time	Finish Time	# of Officers	Total Hours

Date	Day	Start Time	Finish Time	# of Officers	Total Hours

If you would like your officer to remain in the booth until released please check here

If you would like your officer to walk off at the assigned end time please check here

You will be billed for any time past the original end time

Pro-Tect Security is not an insurer. Charges are based solely upon the value of services provided for, and are unrelated to the value of the client's operations, property or the property of others.

The amounts payable by the client are not sufficient to warrant Pro-Tect assuming any risk of damage or loss to property due to Pro-Tect's negligence or failure to perform. Pro-Tect Security, 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 Pro-Tect 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 business as an exhibitor at *****.

Balance is due 10 days from invoice date. If payment is not received by due date, Client agrees to pay Pro-Tect direct all collection costs including reasonable attorney's fees.

Card Type : AMEX VISA MasterCard Security Code:

(A 4.5% processing fee will be applied)

Credit Card Number:

Expiration Date:

Billing Address:

City:

State:

Zip:

Print Name of Cardholder:

Cardholder Signature:

Invoice Information

Pro-Tect Security 3511 S. Eastern Avenue Las Vegas, Nevada 89169 Phone: (702) 735-0110 Fax: (702) 735-7793 Email: Force1@Pro-TectSecurity.com	Company Name: _____
	Address: _____
	City : _____ State: _____ Zip: _____
	Company Rep: _____ Phone: _____ Fax: _____
	E-Mail: _____

Client Signature: _____

(I have reviewed and approve the schedule)

Date: _____