



BOOTH ORDER FORM



Dates: APRIL 14-16, 2019

Location : PARIS LAS VEGAS

Booth # : \_\_\_\_\_

Hall : \_\_\_\_\_

RATES \$ 22.00 per hour

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)

Table with 6 columns: Date, Day, Start Time, Finish Time, # of Officers, Total Hours

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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.

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.

An administrative set up fee of four percent must accompany payment.

Card Type : AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Print Name of Cardholder: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Invoice Information

Form containing Pro-Tect Security contact information and fields for Company Name, Address, City, State, Zip, Company Rep, Phone, Fax, and E-Mail.

Client Signature: \_\_\_\_\_

(I have reviewed and approve the schedule)

Date: \_\_\_\_\_