



SECURITY ORDER FORM
MARCH 22-24, 2020



Booth # : _____ Hall : _____

CAESARS PALACE

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)

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

WESS 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 WESS assuming any risk of damage or loss to property due to WESS's negligence or failure to perform. WESS 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 WESS 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 Conference of Automotive Remarketing.

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

If payment is not made via check, Client hereby approves and authorizes WESS to charge all costs associated with service to the following credit card:

Card Type : AMEX VISA MasterCard Security Code:

Credit Card Number: Expiration Date:

Billing Address: City: State: Zip:

Print Name of Cardholder: Cardholder Signature:

WHOM SHOULD THE OFFICER CONTACT UPON ARRIVAL:

CELL #

Invoice Information

<p>WESS Security 6745 S Eastern Ave Unit #1 Las Vegas NV 89119 Phone: (702) 735-0110 Fax: (702) 735-7793 Email: spourghahreman@wesseventservices.com</p>	<p>Company Name: _____ Address: _____ City : _____ State: _____ Zip: _____ Company Rep: _____ Phone: _____ Fax: _____ E-Mail: _____</p>
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Client Signature: _____
(I have reviewed and approve the schedule)

Date: _____