



## **Vendor Security Form**

CompanyName:					Booth #	<u> </u>		
Billing Address:								
Email Address:				City St	ate	ZIP		
Phone Number:				Fax:				
On-SiteContact:				Mobile:				
Wait for Exhibitor to Arrive			OR	Release Accord	lingtothe	Schedule		
No. of Personne	Requested	I						
<u>Date:</u>		StartTime:		EndTime:			Total Hrs:	
						_		
						_		
						_		
						_		
						_		
Advance Rate:						- TOTA	 L	
Prior to Feb 1st:	\$30.00	_perhour	For orders su	ubmitted prior to:				
On-Site Rate:	\$38.00	_per hour						
Payment Method:	Credit	tCard(3%fee)		Check (must	accompa	ny orderform	)	
Credit Card No:				Ехр:		_ svo	):	
CardholderName:				Signature:				
	(Exactly how it appears on the card)							
TotalHrs:	xRate:	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 <a href="mailto:reldean@unitedhq.com">reldean@unitedhq.com</a>

Mailing Address: 1550 S. Indiana Ave Unit 300, Chicago IL 60605 Phone: 616-836-3065 Fax: 312-922-8599

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

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