

@ The International Centre 6900 Airport Road, P.O. Box # 2, Mississauga, ON L4V 1E8

FAX: 416-548-7434

E-mail: admin@hsholdings.ca

## **CLEANING SERVICES ORDER FORM**

Section 1	Show and Company Info	rmation_			
Event:				Event Dates:	
Company Name:					
Address of Cardholder:					
City of Cardhodler:	P	rov./State:		<u>Cardholder:</u> <u>Postal Code/Zip Code</u>	
Phone:		Ext:		Fax:	
Email:				Contact Person:	
Signature:			<del>-</del>	Date:	
NOTE:		Booth #:		Total Square Feet:	
Rates are calculated by tota Additional charges would be wood, metal or form shaving Porter service and additiona Please insure any protective H&S will not be responsible	pending for carpet in need is, grease or oil. I exhibit cleaning is also ava floor covering is removed by	of special attentional attention in the lease in the leas	n due to food samp	oling demonstration(s),	
All and an annual	he manifest and maid in fe	II (4)		in data	
Section 2	be received and paid in fu Initial Cleaning done the				
Sq. Ft.	initial Cleaning done the	Rates per	snow opens the	ist uay	Total
100 - 600		\$0.22		x 1 day	
601 - 1000		\$0.21		x 1 day	
1001 and over		\$0.20		x 1 day	
Section 3	Nightly Cleaning (any ad	ded requested cl	leaning). Please i	ndicate nights.	
Sq. Ft.		Rates per	3/-		Total
100 - 600		\$0.19		x # of days	
601 - 1000		\$0.18		x # of days	•
1001 and over		\$0.16		x # of days	•
Carpet Cleaning - min.		ψοσ			
of \$70.00 charge		\$0.32		x # of days	
Rental of 35 Gallon Waster Container/Liner	_	\$22.00 / day		x # of days	
		<b>V</b> ==:00, 500,		5. 5.2,5	
Please list any special added services needed				•	-
(subject to charges)				•	
				Sub-total	
				+ HST - 13% tax	
Required Cleaning Dates:				TOTAL	
, ,					
O antiam 4	Barrer of Information				
Section 4	Payment Information				
All orders must be received an A 25% surchage will apply to a Incomplete orders cannot be p H&S reserves the right to reca <u>Please Note:</u>	II orders received after this da processed.	ate. accurately.		ıl total.	
Payments - circle one	Visa	MasterCard	Cheque: Payable t	o H&S Holdings Inc.	
Card #: Expiry Dates:			CVV:		_
Cardholdser Name:			Signed:		<del>-</del> -
				I authorize any unpaid balance	on this card.

INVOICE #