



TRIGGS SECURITY SERVICES
"SERVING THE CUSTOMERS NEEDS"

OWNER/OPERATOR/VETERAN/MBE:
JAMES M. TRIGGS
317-490-7137

This contract is established on the date of: ____ / ____ / _____, and ends on the date of: ____ / ____ / _____.
Party 1 of _____, City of _____,
State of _____,
Part 2 of _____, City of _____,
State of _____,

Payment must be in full on the week of the event.

If cancellation is necessary, cancellation must be three days before the event in order to get a full refund

For valuable consideration, these two parties agree to the following:

Party 1 agrees to:

Party 2 agrees to:

Any Additional terms:

No modification of this contract will be effective unless it is in writing, agreed upon, and is signed by both parties. This contract binds and benefits both parties and any successors. This document, including any attachments, is the entire contract between the parties. This contract is governed by the laws of the state of _____.

Dated on: _____

Signature of Party One

Signature of Party Two

Printed Name of Party One

Printed Name of Party Two