Booth Security Order Form

Show or Convention : **INTERNATIONAL LCT SHOW 2012**

Location : MGM GRAND HOTEL **Dates:** FEBRUARY 13-15, 2012

Booth security service : $ 18.00 per hour when ordered by January 13, 2012
$ 21.00 per hour when ordered after January 13, 2012

TOTAL =

Service as follows : (6 hour min.)

Payable 100% in advance of service. American Express, Visa, Mastercard or checks accepted.

Date	Day	Start Time	Finish Time	# of Officers	Total Hours

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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. The amounts payable by the client are not sufficient to warrant Pro-Tect assuming any risk of damage or loss to property due to Pro-Tect's negligence or failure to perform. Pro-Tect Security , its agents and representitives, 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 Pro-Tect 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 LCT.

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.

Please Print

Card Type : (4 ½% processing fee) American Express [ ] Visa [ ] Mastercard [ ] 3 or 4 digit security code: _____

Credit Card Number: _____ Expiration Date: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Print Name of Cardholder: _____ Cardholder Signature: _____

Invoice Information

Pro-Tect Security	Company Name: _____ Date: _____
3511 S. Eastern Avenue	Address: _____
Las Vegas, Nevada 89169	City : _____ State: _____ Zip: _____
Phone: (702) 735-0110 Fax: (702) 735-7793	Company Rep: _____ Phone: _____ Fax: _____
Force1@Pro-TectSecurity.Com	E-Mail: _____ Location/Booth #: _____
www.Pro-TectSecurity.com	

Client Signature: _____ PO #: _____

CLIENT TO VERIFY SCHEDULE
Fax or E-Mail Completed Form