



Safeway Security Agency, Inc
 5421 Read Blvd
 New Orleans, LA 70127
 Primary Contact: Nicholas Jarrell @ 504 598 6571
 Email: safewaysecage@gmail.com

Exhibitor Information: All payments MUST be received PRIOR to services being provided. Credit Card or Check ONLY

Complete Company Information Below/ Please Print

_____		_____	
Company Name		Company Contact For Billing Purposes	
_____		_____	_____
Street Address		City	State Zip
_____	_____	_____	_____
Phone	Fax	Email	

RATES

BOOTH RATES

***Advanced Order Rate**

30 days or more before conference \$15.00 per hour (4 hour minimum)

***Regular Order Rate**

29 days to 1 day before conference \$17.50 per hour (4 hour minimum)

***Onsite Order Rate**

on site price \$20.00 per hour (4 hour minimum)

Any "day of" cancellations must be cancelled at least 4 hours prior to the start of the schedule or you will be charged 4 hours.

Exhibitor hereby irrevocably and unconditionally authorizes Safeway Security Agency, Inc to automatically charge total deposit upon acceptance of contract on or before services begin

Orders must be paid in full before the start of services

DATE OF SERVICE

Date	Hours	Date	Hours
_____	TO _____	_____	TO _____
_____	TO _____	_____	TO _____
_____	TO _____	_____	TO _____
_____	TO _____	_____	TO _____
_____	TO _____	_____	TO _____
_____	TO _____	_____	TO _____
_____	TO _____	_____	TO _____
_____	TO _____	_____	TO _____

Total Hours Requested: _____

Applied Rate: _____

Booth # _____

DEPOSITS AND PAYMENTS

Card Holder: _____	Card Type: _____
Card Number: _____	Expiration: (MM/YY) _____
Billing Street: _____	CVV2/CVC: _____
Billing City: _____	
Charge Amount: _____	Billing State: _____ Billing Zip: _____

The Client acknowledge that the Client alone has chosen the number of guards and the type of service to be provided herein and that the Agency has informed the Client that additional guards and services are available from the Agency at an additional cost to the Client.

Authorized Signature _____ Date _____