

@ The International Centre 6900 Airport Road, Mississauga, ON L4V 1E8 FAX: 416-548-7434

E-mail: <u>admin@hsholdings.ca</u>
CI FANING SERVICES ORDER FORM

	<u></u>	LEANING SE	EKVICES ORD	ER FURIN	
Section 1	Show and Company Info	rmation			
Event:				Event Dates:	
Company Name:				<u>-</u>	
Address:				<u>-</u>	
City:	Prov./State:		Postal Code/Zip Code		
Phone:		Ext:		Fax:	
Email:				Contact Person:	
Signature:			_	Date:	
		Booth #	:	Total Square Feet:	
NOTE: Rates are calculated by total Additional charges would be wood, metal or form shaving: Porter service and additional Please insure any protective H&S will not be responsible	pending for carpet in need s, grease or oil. exhibit cleaning is also ava floor covering is removed by	of special attention ailable please inquey 4:00pm on the	on due to food samp	oling demonstration(s),	
All orders must	be received and paid in fu	ıll one (1) weeki	prior to your move	a-in date	
Section 2	Initial Cleaning done the				
Sq. Ft.		Rates per		<u>-</u>	<u>Total</u>
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	dad raquastad a	Jeaning) Please i	ndicata nighta	
Sq. Ft.	Mightiy Cleaning (any au	Rates per	ieaiiiig). Fiease i	nuicate nights.	Total
100 - 600		\$0.19		x # of days	<u>rotar</u>
601 - 1000		\$0.18		x # of days	
1001 and over		\$0.16		x # of days	
Carpet Cleaning - min.		ψ0.10		- X // Or days	
of \$70.00 charge		\$0.32		x # of days	
Rental of 35 Gallon Waster Container/Liner		\$22.00 / day		x # of days	
Please list any special				_	
added services needed (subject to charges)				_	
				Sub-total	
				+ HST - 13% tax	
				TOTAL	
Required Cleaning Dates:					
Section 4	Payment Information				
All orders must be received an A 25% surchage will apply to al Incomplete orders cannot be p H&S reserves the right to recal Please Note:	Il orders received after this da processed.	ate. accurately.		al total.	
Payments - circle one	Visa	MasterCard		to H&S Holdings Inc.	
Card #: Expiry Dates:			CVV:	- -	
					- -
Cardholdser Name:			Signed:	I authorize any unpaid balance	on this card.
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INVOICE #