

CLEANING SERVICES ORDER FORM

RATES (Includes cleaning of floors and emptying wastebaskets)

One Clean Only

100 – 600 sq. ft \$0.16/sq.ft. x _____ x 1 Day = \$ _____
 601 – 1000 sq. ft \$0.14/sq.ft. x _____ x 1 Day = \$ _____
 1001 and over sq. ft \$0.12/sq.ft. x _____ x 1 Day = \$ _____

Daily Cleaning (must be more than one clean)

100 – 600 sq. ft \$0.13/sq.ft. x _____ x _____ Days = \$ _____
 601 – 1000 sq. ft \$0.11/sq.ft. x _____ x _____ Days = \$ _____
 1001 and over sq. ft \$0.08/sq.ft. x _____ x _____ Days = \$ _____
 Carpet Shampooing \$0.26/sq.ft. x _____ x _____ Days = \$ _____
 Rental of 35 gallon Waste Container (includes 1 waste removal per day after the show closes) \$12.50/per day x _____ x _____ Days = \$ _____
 Double-Sided Cloth Tape 24mm x 55m (1" x 108') roll \$9.00/per roll x _____ = \$ _____
 Double-Sided Cloth Tape 48mm x 55m (2" x 108') roll \$16.00/per roll x _____ = \$ _____

PORTER SERVICE OF WASTE REMOVAL (Time schedule must be provided prior to show. Minimum of three (3) removals per day, or additional charges may apply)

35 gallon waste container \$12.50/per service x _____ x _____ Days = \$ _____
 210 gallon rolling bin \$45.00/per service x _____ x _____ Days = \$ _____
 Other (special requirements) Call for pricing \$ _____

Please list any special requirements and/or services required (subject to additional charges)

SUBTOTAL \$ _____
 G.S.T. #R866253842 5% _____
 TOTAL \$ _____

NOTE:

- * Event Management ONLY maintains the aisles. Therefore, it is imperative that you arrange to have your own booth cleaning service – if required.
- * Additional charges would be pending for carpet in need of special attention due to food sampling demonstration, wood or metal shavings, grease or oil
- * To confirm if your order has been received, please call us after order has been sent out.
- * Please insure any protective floor covering be remove by 6:00 pm on the last move in date. Caldas will not be responsible for removal of floor covering.

Event: _____ Date of Event: _____
 Company Name: _____
 Company Address: _____
 City: _____ Prov. Or State: _____ Postal or Zip Code: _____
 Phone Number: _____ Ext. _____ Fax No.: _____
 Email Address: _____
 Name of Representative (Please print): _____ Title: _____
 Signature: _____ Date: _____

BOOTH NUMBER SQ. FT.

PLEASE CHOOSE A METHOD OF PAYMENT: (Cheques payable to Caldas Building Services Inc.) ___ CHEQUE ___ VISA
(We only accept Company Cheque or Visa)

VISA NUMBER: _____ EXPIRY DATE: _____
 CARD HOLDER NAME: _____ SIGNATURE: _____

**ALL ORDERS MUST BE PAID IN FULL AT LEAST ONE WEEK PRIOR TO MOVE IN DATE.
 A 20% SURCHARGE WILL BE ADDED TO ALL ORDERS RECEIVED AFTER THIS DATE.**