



@ The International Centre
 6900 Airport Road, P.O. Box # 2, Mississauga, ON L4V 1E8
 FAX: 416-548-7434
 E-mail: cguardado@hsholdings.ca

CLEANING SERVICES ORDER FORM

Section 1 Show and Company Information

Event: _____ Event Dates: _____

Company Name: _____

Address of Cardholder: _____

City of Cardholder: _____ Prov./State: _____ Postal Code/Zip Code: _____

Phone: _____ Ext: _____ Fax: _____

Email: _____ Contact Person: _____

Signature: _____ Date: _____

Booth #: _____ Total Square Feet: _____

NOTE:
 Rates are calculated by total Booth square footage (includes cleaning of floors and emptying wastebaskets nightly).
 Additional charges would be pending for carpet in need of special attention due to food sampling demonstration(s),
 wood, metal or form shavings, grease or oil.
 Porter service and additional exhibit cleaning is also available please inquire for arrangements.
 Please insure any protective floor covering is removed by 4:00pm on the last move in date.
 H&S will not be responsible for removal of floor covering.

All orders must be received and paid in full one (1) weekj prior to your move-in date.

Section 2 Initial Cleaning done the night before the show opens the 1st day

Sq. Ft.	Rates per		Total
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 added requested cleaning). Please indicate nights.

Sq. Ft.	Rates per		Total
100 - 600	\$0.19	_____ x # of days	_____
601 - 1000	\$0.18	_____ x # of days	_____
1001 and over	\$0.16	_____ x # of days	_____
Carpet Cleaning - min. 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 and paid in full at least 7 days prior to the move-in date.
 A 25% surcharge will apply to all orders received after this date.
 Incomplete orders cannot be processed.
 H&S reserves the right to recalculate orders not calculated accurately.

Please Note: Bank Transfers: please add a \$30.00 bank service charge to the final total.

Payments - circle one Visa MasterCard American Express Cheque: Payable to H&S Holdings Inc.

Card #: _____

Expiry Dates: _____ CVV: _____

Cardholder Name: _____ Signed: _____

I authorize any unpaid balance on this card.