

COMPANY INFORMATION:

Company Name:___

BOOTH SECURITY ORDER FORM



Please direct inquiries and orders regarding this service to:

RA CONSULTING 2700 N. Main Street, Suite 1070 Santa Ana, CA 92705 TEL +1. 714. 543. 3131

Email: orders@raconsulting.us

_Booth Number:__

Contact Name:		L	ocation:		
Address:			E-Mail:		
City:			tate:	Zip:	
Phone:			ax:		
On Site Contact (Name ar	nd Cell #)				_
RATES:					
Unarmed Officers:					
		received by November 6,			
• • • • • • • • • • • • • • • • • • • •		received after November	•	er 13, 2024	
\$75 per hour ; app	olied to all orders <i>i</i>	received after November	13, 2024		
			1.0		
	*Pleas	e note there is a <u>6-hour m</u>	<u>inimum</u> per shift.		
Note: Diseas indicate who	46 46	معامل معالم عمال مرابع ما	Company Denvesentati		
Note: Please indicate whether or not the guard shape □ Yes			Company Representativ □ No	ve:	
	<u> </u>		□ IVO		
COVERAGE REQUESTE	D: (Please indica	te DAYS_DATES and TI	MES of coverage)		
Day/Date:	•		• ,	Total hours:	
Day/Date:		Day/Date:		Total hours:	
Day/Date:		Day/Date:		Total hours:	
Day/Date:		Day/Date:		Total hours:	
Day/Date:		Day/Date:		Total hours:	
Day/Date:		-		Total hours:	
Day/Date:	Start:	Day/Date:		Total hours:	
Day/Date:	Start:	Day/Date:		Total hours:	
			Total H	lours:	
			Applied	Rate: \$	
			Total	Cost: \$	
		Add 5% Service C	Charge for Credit Card O	rders: \$	—
			Total Paid With O	order: \$	—
					\
		D 1 . (2			
		Page 1 of 2			

PAYMENT METHOD:			
FIII I DAYMENT MII	ST BE RECEIVED PRIC	R TO ACCEPTANCE OF O	RDER
	□ VISA □ MC	□ Amex	NDER
If paying by credit card please check: □ C	ompany Card	□ Personal Card	
Card Holder Name:		F-Mail·	
Address:		Phone:	
City:		State:	Zip:
Card #:			
Signature:			t stated an Dama 4
I authorize RA CONSULTING to ch	narge my credit cai	a account for the am	ount stated on Page 1.
Note: Should the actual cost exceed	ls the estimated am	ount: Please indicate w	hether you would like RA
Consulting to charge the amount			
	□ Yes	□ No	
_			_
INVOICING INFORMATION:			
Please indicate who should receive the final in	voice, and check wl	nich method to utilize fo	or delivery:
Contact Name:	□ Mail.		
Contact Name:Phone:	E-Mall: Fav:		
r none	ı ax		
TERMS AND CONDITIONS:			
	ocassing any booth	order	
➤ Full payment must be received prior to pro			
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