



BOOTH SECURITY ORDER FORM



Please direct inquiries and orders regarding this service to:

RA CONSULTING
1439 W. Chapman Ave., Unit 19
Orange, CA 92868
TEL +1. 714. 543. 3131
Email: orders@raconsulting.us

COMPANY INFORMATION:

Company Name: _____ Booth Number: _____
Contact Name: _____ Location: _____
Address: _____ E-Mail: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
On Site Contact (Name and Cell #) _____

RATES:

Unarmed Officers:

\$60 per hour; applied to all orders *received by November 11, 2026*

\$65 per hour; applied to all orders *received after November 11, 2026, and through November 18, 2026*

\$75 per hour; applied to all orders *received after November 18, 2026*

***Please note there is a 6-hour minimum per shift.**

Note: Please indicate whether the guard should be relieved by Company Representative:

☐ Yes

☐ No

COVERAGE REQUESTED: (Please indicate DAYS, DATES and TIMES of coverage)

Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____

Total Hours: _____

Applied Rate: \$ _____

Total Cost: \$ _____

Add 5% Service Charge for Credit Card Orders: \$ _____

Total Paid With Order: \$ _____

PAYMENT METHOD:**FULL PAYMENT MUST BE RECEIVED PRIOR TO ACCEPTANCE OF ORDER****Choose Payment Option:** ☐ Check ☐ VISA ☐ MC ☐ Amex**If paying by credit card please check:** ☐ Company Card ☐ Personal Card

Card Holder Name: _____ E-Mail: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Card #: _____ Exp. Date: _____ Security Code: _____

Signature: _____

I authorize RA CONSULTING to charge my credit card account for the amount stated on Page 1.**Note:** Should the actual cost exceeds the estimated amount; Please indicate whether you would like RA Consulting to charge the amount due at the end of the event to the same card:☐ Yes☐ No**INVOICING INFORMATION:**

Please indicate who should receive the final invoice, and check which method to utilize for delivery:

Contact Name: _____ E-Mail: _____

Phone: _____ Fax: _____

TERMS AND CONDITIONS:

- Full payment must be received prior to processing any booth order.
- RA Consulting recognizes a six-hour minimum shift for all unarmed officers.
- All orders received on site will be handled on a case-by-case basis depending on officer availability.
- Client shall protect, indemnify, and hold harmless RA Consulting and its officers, agents, employees, and subcontractors from and against any and all loss to property and/or personal injuries, not due to the negligence of RA Consulting, or its subcontractors, agents, servants, or employees. It is expressly understood and agreed that under no circumstances will RA Consulting be responsible for the theft or other loss of Client's property not directly attributable to theft or loss by RA Consulting, its agents, servants, or subcontractors.
- RA Consulting shall not be liable for any damages sustained from delay or non-performance due to events beyond the reasonable control of the parties including without limitation, acts of God, disaster, government regulation, terrorist actions, strikes or other labor disputes, weather, earthquakes, fires, floods, war, riots, civil disorder, failure of power or utilities, government acts.

OFFICE USE ONLY:

Order Received on: _____ Client Confirmed on: _____

CC Original Charge: Charged on: _____ Approval Code: _____

CC Final Charge: Charged on: _____ Approval Code: _____

Check Process Deposited on: _____ Check Number: _____

Order submitted to Manager on: _____ Manager Name: _____

RA Consulting thanks you for your business