

COMPANY INFORMATION:

BOOTH SECURITY ORDER FORM



Please direct inquiries and orders regarding this service to:

Company Name: ______

RA CONSULTING 2700 N. Main Street, Suite 1070

Booth Number:_____

_Location:_____

Santa Ana, CA 92705

TEL +1. 714. 543. 3131 FAX +1. 714. 543. 3232

Email: orders@raconsulting.us

Address:		E	-Mail:			
ity:		St	ate:	Zip:		
Phone:		Fa	ax:			
n Site Contact (Nam	e and Cell #)					
ATES:						
narmed Officers:						
\$60 per hour ; applied to all orders <i>received by November 8, 2023</i> \$65 per hour ; applied to all orders <i>received after November 8, 2023, and through November 15, 2023</i>						
	≱DI		1.0			
	^Pleas	e note there is a <u>6-hour mi</u>	nimum per snitt.			
ote: Please indicate	whether or not the gu	ard should be relieved by	Company Representat	ive:		
	□ Ү	'es	□ No			
OVERAGE REQUES	,	te DAYS, DATES and TIM	• ,			
ay/Date:		Day/Date:		Total hours:		
ay/Date:	<u> </u>	Day/Date:		Total hours:		
ay/Date:		Day/Date:		Total hours:		
ay/Date:		Day/Date:		Total hours:		
•		Day/Date:		Total hours:		
•	<u> </u>	Day/Date:		Total hours:		
•		•		Total hours:		
ay/Date:	Start:	Day/Date:		Total hours:		
			Total	Hours:		
			Applied	Rate: \$		
			Tota	l Cost: \$		
		Add 5% Service Ch	narge for Credit Card C	Orders: \$		
			Total Paid With	Order: \$		
		Dana 1 : ()				
		Page 1 of 2	•			

DAVMENT METHOD.						
PAYMENT METHOD:						
Choose Payment Option: Check VISA MC MC	□ Amex	RDER				
If paying by credit card please check: □ Company Card						
Card Holder Name:	E-Mail:					
Address:	Phone:					
City:		Zip:				
Card #:	Exp. Date:	Security Code:				
Signature:						
I authorize RA CONSULTING to charge my credit ca	rd account for the ame	ount stated on Page 1.				
Note: Should the actual cost exceeds the estimated an Consulting to charge the amount due at the end						
INVOICING INFORMATION: Please indicate who should receive the final invoice, and check w	hich method to utilize fo	or 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 subcontractors from and against any and all loss to property Consulting, or its subcontractors, agents, servants, or employ circumstances will RA Consulting be responsible for the their to theft or loss by RA Consulting, its agents, servants, or subcontractors.	Consulting and its o and/or personal injuries rees. It is expressly unot tor other loss of Client	fficers, agents, employees, and s, not due to the negligence of RA derstood and agreed that under no				
RA Consulting shall not be liable for any damages sustained reasonable control of the parties including without limitation actions, strikes or other labor disputes, weather, earthquakes utilities, government acts.	n, acts of God, disaste	r, government regulation, terrorist				
OFFICE USE ONLY:	S (")					
Order Received on: Client (Contirmed on:					
CC Original Charge: Charged on:Approv CC Final Charge: Charged on:Approv						
Check Process Deposited on:Check I	ai Code					
Order submitted to Manager on:Manag	er Name:					
<u> </u>						
RA Consulting thanks yo	u for your business					