PRIVATE GUARD SERVICE – ORDER FORM

MAIL DIRECTLY TO:

A&M PROFESSIONAL SECURITY
2253 3RD Avenue, Suite 229
New York, N.Y. 10035
(212)964-2121 E-FAX (646)349-1562
Email: g.julbes@yahoo.com

EXHIBITOR: _____ **BOOTH #:** _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE: ( ) _____ **FAX: ( )** _____

CONTACT NAME: _____ **SIGNATURE:** _____

INDICATE NUMBER OF GUARDS PER SHIFT:	**EVENT:** **2019 IBS/IECSC EXPO** **PLACE:** **JACOB K. JAVITS CONVENTION CENTER** **DATE:** **MARCH 10TH - 12TH, 2019**		
DATE OF SERVICE:	**MIDNIGHT-8:00 A.M. SHIFT**	**8:00 A.M.-4:00 P.M. SHIFT**	**4:00 P.M.-MIDNIGHT SHIFT**

PLEASE NOTE TO AVOID ANY MISUNDERSTANDINGS……..
THE OVERTIME RATE WILL BE APPLIED TO SATURDAY AND SUNDAY ONLY. THE ONSITE RATE APPLIES ONCE MOVE-IN STARTS.
A&M SECURITY REQUIRES PAYMENT IN FULL AT THE TIME YOUR ORDER IS PLACED.

THE RATES FOR THIS SERVICE ARE AS FOLLOWS:	**ONSITE SECURITY ORDERS**	**Armed Officer Rate:**
STRAIGHT TIME - $30.00 PER HOUR	**STRAIGHT TIME - $31.00PER HOUR**	**$48.00 Flat Rate**
OVERTIME $45.00 PER HOUR	**OVERTIME $46.50 PER HOUR**	**$52.00 Onsite order Flat Rate**
8.875 % New York Sales Tax applies		

PAYMENT INFORMATION: AMEX (4 DIGIT SECURITY CODE FRONT OF CARD)_____ VISA/MC (3 DIGIT SECURITY CODE BACK OF CARD)_____ CREDIT

CARD BILLING ZIP CODE_____

CARDHOLDER NAME:_____**CREDIT CARD #:**_____**EXP. DATE**_____ ___

BILLING ADDRESS:_____**CITY:**_____**STATE:**_____**ZIP:**_____

SIGNATURE:_____ **PRINT NAME:**_____

DATE:_____