PRIVATE GUARD SERVICE – ORDER FORM

MAIL DIRECTLY TO:

RAV INVESTIGATIVE & SECURITY SERVICES, LTD
44 West 28th Street, 6th Floor
New York, N.Y. 10001
(212) 447-7777 FAX (212) 447-1218

EXHIBITOR: _____ **BOOTH #:** _____

BILLING ADDRESS: _____

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

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

CONTACT NAME: _____ **SIGNATURE:** _____

INDICATE NUMBER OF GUARDS PER SHIFT:	**EVENT:** **IBS/1ECSC 2008** **PLACE:** **JACOB K. JAVITS CONVENTION CENTER** **DATE:** **APRIL 22ND – 29TH 2008**		
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 WEEKENDS AND TO ANY SHIFT THAT IS LESS OR MORE THAN 8 HOURS. HOLIDAYS ARE BILLED AT DOUBLE TIME. THE ONSITE RATE APPLIES ONCE MOVE-IN STARTS. RAV REQUIRES PAYMENT IN FULL AT THE TIME YOUR ORDER IS PLACED. **GJ2007**

THE RATES FOR THIS SERVICE ARE AS FOLLOWS:	**ONSITE SECURITY ORDERS**	**Armed Officer Rate:**
STRAIGHT TIME - $24.00 PER HOUR	**STRAIGHT TIME - $27.00 PER HOUR**	**$40.00 Flat Rate**
OVERTIME $36.00 PER HOUR	**OVERTIME $40.50 PER HOUR**	**$43.00 Onsite order Flat Rate**
8.375 % New York Sales Tax applies		

PAYMENT INFORMATION:

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

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

SIGNATURE:_____ **PRINT NAME:**_____

DATE:_____ **NY-2007**