

# SECURITY ORDER FORM

## GRAPHICS OF AMERICAS

February 27<sup>th</sup> – March 1<sup>st</sup>, 2014

Miami Beach Convention Center

**OFFICIAL CONTRACTOR CONTACT:** LDB Consulting, Inc.  
Lisa Beauchamp  
855-357-0413  
[lisa@ldbconsultinginc.com](mailto:lisa@ldbconsultinginc.com)

**REQUEST SUBMITTED BY:**

Company: \_\_\_\_\_ On-Site Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Booth Number: \_\_\_\_\_

**Security services are requested for the following dates and times:**

DATE	DAY OF WEEK	START AND END TIME	TOTAL HOURS

**HOURLY RATES FOR SECURITY OFFICER:**

Orders received by 1/23/14 will receive a rate of \$18 an hour  
Orders received after 1/23/14 will receive a rate of \$24 an hour

**TERMS OF PAYMENT:** The full amount shall be paid in advance when this request is submitted. Please email form to [lisa@ldbconsultinginc.com](mailto:lisa@ldbconsultinginc.com) or fax to 855-357-0413. A six hour minimum is required. All cancellations must be received 24 hours prior to services being provided. LDB Consulting, Inc. is not responsible for theft or damage.

**Total Hours** \_\_\_\_\_ **X Hourly Rate \$18 or \$24 (see above) =** \_\_\_\_\_ **Total Cost**

**Card Type: (5% processing fee) AMERICAN EXPRESS**  **VISA**  **MASTERCARD**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Print Name of Cardholder \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_