United S Service	Security ces Inc.	Security Guard Request				UnitedSecurity Services Inc.			
		EVEN	IT INFORI	MATION					
Event Na	ame:								
Booth Info:		Company Name, Booth #							
On Site Contact:		Name and Phon							
<u> </u>									
		CUSTO	MER INFO	RMATION					
Billing C	Company:								
Billing Contact:									
_									
Billing Address Phone:									
Email:									
				ber:					
	EXAMPLE	REQUESTED SECURITY COVERAGE							
OFFICERS	Monday	DAY	DAY	DAY	DAY	DAY	TOTALS		
OFFICERS	1/1/2024	0/0/2025	0/0/2025	0/0/2025	0/0/2025	0/0/2025	TOTALO		
1	8AM-4PM 8						0		
	Start Time - End Time						·		
2	# of Hours						0		
3	Start Time - End Time								
	# of Hours	0	0	0	0	0	0		
	8	0	0	0	0	0	U		
Billable Item:		Hours	Ra	ate	Total	Cost:			
Security Guard		0	\$	65.00	\$	-			
Supervisor		0	\$	65.00	\$	-			
Armed			\$	150.00	\$				
	,			Tax (7%)	\$				
			11 = 04.00	Total	\$				
		*	-						
Client agrees t	o indemnify, defend, and hold h		•	t Amount	T	and ampleyees fro	m and against		
any and all li	ability, damages, actions, suits,	claims, costs and	expenses, includ	ling reasonable att	orney's fees, incu	rred by any of the	indemnities'		
caused b	y or arising from the negligence	, gross negligence	e, or intentional m contractors.	isconduct of client	, its officers, direc	tors, employees, a	agents or		
			contractors.						
Client Signature						Date			
Once com	npleted, please email to jo	_	•				ıs, please		
	reach out to Jo	nın-Paul Onora	ato at jonorato	wuniteanq.con	n of 714.287.0	7.17			

		EVEN'	T INFOR	MATION					
Event N	lame:								
Booth Info:		Company Name, Booth #							
On Site Contact:		Name and Phone							
		CUSTON	IER INFO	PRMATIO	N				
Billing Company:									
Billing Contact:									
Billing Address									
Phone:									
Email:									
					Project Number:				
	EVAMBLE	Б	FOLIECT	ED SECU	DITY CO	VEDACE	_		
EXAMPLE Monday		DAY	DAY	DAY	DAY	DAY			
OFFICERS	1/1/2024	0/0/2025	0/0/2025	0/0/2025	0/0/2025	0/0/2025	TOTALS		
1	8AM-4PM 8						0		
0	Start Time - End Time						0		
2	# of Hours						0		
3	Start Time - End Time # of Hours						0		
	8	0	0	0	0	0	0		
Rillablo	Itom:	Hours	D,	ate	Total	Cost:			
Billable Item: Security Guard				150.00	\$	-			
Supervisor		0	\$	150.00	\$ \$				
Armed		0	\$	150.00	\$ \$				
	7 111100	STAT	T	Tax (7%)	\$	_			
Total									
70% Deposit Amount						-			
_	to indemnify, defend, and ho	old harmless Unit	ed Security Ser	vices Inc., their o					
ana against a	any and all liability, damages	, actions, suits, (ziaims, costs and	u expenses, inclu	umg reasonable	attorney's rees,	, incurrea by		

Once completed, please email to jonorato@unitedhq.com for review and followup. If you have any questions, please reach out to John-Paul Onorato at jonorato@unitedhq.com or 714.287.0711

Date

Client Signature