



# Booth Security Order Form



Event Name: \_\_\_\_\_ Booth #: \_\_\_\_\_  
 Company: \_\_\_\_\_ Ordered By: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Requested Hours

Date: _____	From: _____	To: _____	= Total Hours: _____
Date: _____	From: _____	To: _____	= Total Hours: _____
Date: _____	From: _____	To: _____	= Total Hours: _____
Date: _____	From: _____	To: _____	= Total Hours: _____
Date: _____	From: _____	To: _____	= Total Hours: _____
Date: _____	From: _____	To: _____	= Total Hours: _____
Date: _____	From: _____	To: _____	= Total Hours: _____
Date: _____	From: _____	To: _____	= Total Hours: _____
Date: _____	From: _____	To: _____	= Total Hours: _____
Date: _____	From: _____	To: _____	= Total Hours: _____

Security Type	Hours	Advance Rate (by 10/15/2022)	On Site Rate	Total
Guard (Unarmed)		\$94.00	\$100.00	
Off Duty Officer (Uniformed)		\$114.00	\$120.00	
Additional Terms: All material & equipment furnished by LSS for this service shall remain the property of LSS & shall be handled by LSS personnel only. Credit will not be given for equipment or personnel ordered and not used.		Sub Total		
		Total Due		

### Post Instructions

Please provide a brief description of any details that need to be passed to guard assigned to booth. Please note any items of particular concern.

### Payment Information

Payment by credit card: If paying by credit card, an electronic invoice will be sent to you. Payment will be due prior to the start of coverage.

Company Check or US Bank money order in the amount of \$ \_\_\_\_\_  
 Credit Card

Make Check Payable To: Lincoln Security Services, LLC.

E-Mail to: sales@lincolnsecurityllc.com Mail to: Lincoln Security Services, 4137 Sunnyside Ave, Brookfield, IL 60513