



# MAGIC

MIAMI  
JANUARY 8-9, 2024

## Vendor Security Form

CompanyName: \_\_\_\_\_ Booth # \_\_\_\_\_

Billing Address: \_\_\_\_\_  
City State ZIP

Email Address: \_\_\_\_\_

PhoneNumber: \_\_\_\_\_ Fax: \_\_\_\_\_

On-SiteContact: \_\_\_\_\_ Mobile: \_\_\_\_\_

Wait for Exhibitor to Arrive \_\_\_\_\_ OR Release According to the Schedule \_\_\_\_\_

No. of Personnel Requested \_\_\_\_\_

<u>Date:</u>	<u>Start Time:</u>	<u>End Time:</u>	<u>Total Hrs:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL \_\_\_\_\_

Advance Rate prior to Dec 22nd: \$36.00/h

Dec 22nd-Jan 5th: \$45.00/h

On-Site Rate starts Jan 6th: \$55.00/h

For orders submitted prior to: \_\_\_\_\_

Payment Method: Credit Card (3% fee) \_\_\_\_\_ Check (must accompany order form) \_\_\_\_\_

Credit Card No: \_\_\_\_\_ Exp: \_\_\_\_\_ SVC: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Exactly how it appears on the card)

Total Hrs: \_\_\_\_\_ x Rate: \_\_\_\_\_ x 1.03 (3% CC processing fee) = \_\_\_\_\_

TOTAL AMOUNT DUE

Ordered By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We accept Visa, MasterCard & AMEX. Please make checks payable to United Security Services, Inc.

Please submit this form and payment to [odianechristian@unitedhq.com](mailto:odianechristian@unitedhq.com)

Mailing Address: 1550 S. Indiana Ave, Suite 300 Chicago, IL 60605 Phone: 954-347-8013

A confirmation email will be sent upon receipt of this order form and payment.

CA License No. 6145; FL License No. B 2700195; LA License No. 894; MD License No. 106-4837; NV License No. 2012B; WI License No. 16507-62

USSC is not an insurer. Charges are based solely upon the value of the services provided for, and are unrelated to the value of the client's operation, property or the property of others. The amounts payable by the client are not sufficient to warrant assuming any risk of damage or loss to property due to USSC's negligence of failure to perform. USSC, its agents and representatives, will provide all necessary safeguards and shall assume no liability for life, accident, theft of property, damage to property or any other loss due to factors beyond our control. The client, by signing this agreement holds USSC harmless for any and all losses and agrees to have in effect at the time of signing this agreement insurance to cover all product, and personal damages and any claims arising from engaging in the business as an exhibitor. 6 Hour Min.