

Cleaning Order Form

6900 Airport Road, PO Box 32 Mississauga, ON L4V 1E8 Tel: (905) 672-2304 Fax: (905) 672-5670 info@caldas.ca

Section 1 Sho	w and Company Information	n	
Event:	Event Date:		
Company Name:			
Address:			
City:	Province/State:	Po	ostal Code/Zip Code
Phone:	Ext:	Fax:	
Email:		Contact Person:	
Signature:		Date:	_
-		Booth #:	SQ. FT.:
Additional charges would grease or oil. Porter service and addition Please insure any protect covering.	onal exhibit cleaning is also available	please call for arrangements. Opm on the last move in date.	Oling demonstration, wood, metal or form shavings, Caldas will not be responsible for removal of floor
			x 1 Day =\$
			x 1 Day = \$
			x 1 Day = \$
dates.)			ase list which nights under required cleaning
			x Days = \$
			x Days = \$
			x Days = \$
			x Days = \$
=			x Days = \$
Double-Sided Cloth Tape	36mm x 55m (1 ½" x 108') roll	\$18.00/per roll x	= \$
Please list any special req additional charges)	uirements and/or services required (subject to	SUBTOTAL \$ H.S.T. #R866253842 13% TOTAL \$
Required cleaning dates:			TOTAL #
ection 4 Payr	nent Information		
date. Incomplete orders		rves the right to adjust orders r	narge will be added to all orders received after this not calculated accurately or received after the
Payment: O Visa (○ MasterCard ○ Cheque (Payable to Caldas Building Ser	rvices Inc.) Cash
Card #			Expiry Date:/ CVV
	1E:	SIGNATURE: X	