

CLEANING SERVICES ORDER FORM

***Rates include cleaning of floors and emptying wastebaskets.**

****Booth cleaning is performed the night prior to opening.**

One Clean Only

100 – 600 sq. ft \$0.17/sq.ft. x _____ x 1 Day = \$ _____
601 – 1000 sq. ft \$0.15/sq.ft. x _____ x 1 Day = \$ _____
1001 and over sq. ft \$0.13/sq.ft. x _____ x 1 Day = \$ _____

Daily Cleaning (must be more than one clean)

100 – 600 sq. ft \$0.14/sq.ft. x _____ x _____ Days = \$ _____
601 – 1000 sq. ft \$0.12/sq.ft. x _____ x _____ Days = \$ _____
1001 and over sq. ft \$0.09/sq.ft. x _____ x _____ Days = \$ _____
Carpet Shampooing \$0.27/sq.ft. x _____ x _____ Days = \$ _____
Rental of 35 gallon Waste Container..... \$11.00/per day x _____ x _____ Days = \$ _____
Double-Sided Cloth Tape 36mm x 55m (1 ½" x 108') roll \$16.00/per roll x _____ = \$ _____

****Date of first cleaning:** _____ **Dates of Additional Cleaning(more than one day order):** _____

Please list any special requirements and/or services required (subject to additional charges)

SUBTOTAL \$ _____

H.S.T. #R866253842 13% _____

TOTAL \$ _____

NOTE:

- * Event Management ONLY maintains the aisles. Therefore, it is imperative that you arrange to have your own booth cleaning service – if required.
- * Additional charges would be pending for carpet in need of special attention due to food sampling demonstration, wood, metal or form shavings, grease or oil.
- * To confirm if your order has been received, please call us after order has been sent out.
- * Please insure any protective floor covering is removed by 6:00 pm on the last move in date. Caldas will not be responsible for removal of floor covering.

Event: _____ Date of Event: _____
Company Name: _____
Company Address: _____
City: _____ Prov. Or State: _____ Postal or Zip Code: _____
Phone Number: _____ Ext. _____ Fax No.: _____
Email Address: _____
Name of Representative (Please print): _____ Title: _____
Signature: _____ Date: _____

BOOTH NUMBER

SQ. FT.

PLEASE CHOOSE A METHOD OF PAYMENT: (Cheques payable to Caldas Building Services Inc.) _____CHEQUE _____VISA

(We only accept Company Cheque, Cash or Visa)

VISA NUMBER: _____ EXPIRY DATE: _____

CARD HOLDER NAME: _____ SIGNATURE: _____

**ALL ORDERS MUST BE PAID IN FULL AT LEAST ONE WEEK PRIOR TO MOVE IN DATE.
A 20% SURCHARGE WILL BE ADDED TO ALL ORDERS RECEIVED AFTER THIS DATE.**