

**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 ..... \$0.16/sq.ft. x \_\_\_\_\_ x 1 Day = \$ \_\_\_\_\_  
 601 – 1000 sq. ft ..... \$0.14/sq.ft. x \_\_\_\_\_ x 1 Day = \$ \_\_\_\_\_  
 1001 and over sq. ft ..... \$0.12/sq.ft. x \_\_\_\_\_ x 1 Day = \$ \_\_\_\_\_

**Daily Cleaning (must be more than one clean)**

100 – 600 sq. ft ..... \$0.13/sq.ft. x \_\_\_\_\_ x \_\_\_\_\_ Days = \$ \_\_\_\_\_  
 601 – 1000 sq. ft ..... \$0.11/sq.ft. x \_\_\_\_\_ x \_\_\_\_\_ Days = \$ \_\_\_\_\_  
 1001 and over sq. ft ..... \$0.08/sq.ft. x \_\_\_\_\_ x \_\_\_\_\_ Days = \$ \_\_\_\_\_  
 Carpet Shampooing ..... \$0.26/sq.ft. x \_\_\_\_\_ x \_\_\_\_\_ Days = \$ \_\_\_\_\_  
 Rental of 35 gallon Waste Container..... \$10.00/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.**