

CLEANING SERVICES ORDER FORM

RATES (Includes cleaning of floors and emptying wastebaskets)

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/ssq.ft. x _____	x _____ Days	= \$ _____
Rental of 35 gallon Waste Container.....	\$8.00/per day x _____	x _____ Days	= \$ _____
Double-Sided Cloth Tape 24mm x 55m (1" x 180") roll	\$9.00/per roll x _____		= \$ _____
Double-Sided Cloth Tape 48mm x 55m (2" x 180") roll	\$16.00/per roll x _____		= \$ _____

FLOORING: Please indicate type of flooring. Carpet___ Vinyl___ Wood___ Foam Flooring___ Other: _____

Please list any special requirements and/or services required (subject to additional charges) _____ _____ _____	SUBTOTAL	\$ _____
	G.S.T. #R866253842	5% _____
	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 or metal 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 be remove 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 <input type="text"/>	SQ. FT. <input type="text"/>

PLEASE CHOOSE A METHOD OF PAYMENT: (Cheques payable to Caldas Building Services Inc.) ___CHEQUE ___VISA	
VISA NUMBER: _____	EXPIRY DATE: _____
CARD HOLDER NAME: _____	SIGNATURE: _____

**ALL ODRERS 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.**