



CLEANING SERVICES ORDER FORM

***Rates include cleaning of floors and emptying wastebaskets. **Booth cleaning is perform the night prior to.**

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 24mm x 55m (1" x 108') roll	\$9.00/per roll x _____		= \$ _____
Double-Sided Cloth Tape 48mm x 55m (2" x 108') roll	\$16.00/per roll x _____		= \$ _____

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

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, 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.**