

AMERICASMART-ATLANTA BOOTH CLEANING SERVICES ORDER FORM

Atlanta Spring Immediate Delivery Show

DEADLINE for *advanced* orders is **April 21, 2008**. Orders received **AFTER April 21** will be charged the **floor rate**.

COMPANY NAME _____ BOOTH NUMBER _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE NUMBER _____ FAX NUMBER _____

RATES & SERVICES

All rates based on gross booth area; 100 square foot minimum

<u>Carpet Cleaning</u>	<u>Advance Rate**</u>	<u>Floor Rate</u>	<u>Booth Size</u>	<u>Days</u>	<u>Total</u>
Vacuuming (Once)	\$.25 per sq ft.	\$.30 Per sq ft.	X _____	X _____	= \$ _____
Vacuuming (Daily)	\$.20 per sq ft.	\$.25Per sq ft.	X _____	X _____	= \$ _____
Shampooing	\$.30 per sq ft.	\$.35 per sq ft.	X _____	X _____	= \$ _____

Display Cleaning & Dusting

Rates are per 100 square feet

Exhibit Cleaning (Once)	\$40.00 per booth	\$45.00 per booth	X _____	X _____	= \$ _____
Exhibit Cleaning (Daily)	\$35.00 per booth	\$40.00 per booth	X _____	X _____	= \$ _____

Porter Service

Rates are per 100 square feet

(Service includes two-hour intervals of emptying wastebaskets)

Porter Service (Daily)	1-5 Booths	\$ 55.00 per booth	X _____	X _____	= \$ _____
			(# of booths)		
	6-10 Booths	\$ 65.00 per booth	X _____	X _____	= \$ _____
			(# of booths)		

Total – All Services \$ _____

Comments: _____

PAYMENT INFORMATION • PAYMENT MUST ACCOMPANY ORDER

Payment by check or money order payable to AmericasMart. All checks must be drawn on U.S. banks. A service charge of \$20.00 will be assessed on all returned checks. Wire transfers for this service will not be accepted.

Check: _____ Money Order: _____ (Please include either with the completed Cleaning Services Order Form)

Cardholder Name: _____

Credit Card: VISA _____ MasterCard _____ (We do NOT accept American Express)

Card Number: _____ Exp. Date _____ 3-Digit Code _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip: _____

Amount to Charge: \$ _____ (write in the exact amount to charge)

I, the cardholder, authorize the amount specified above to be charged to my credit card for payment of cleaning services. I agree that the above information is correct. I understand that this amount is non-refundable and non-transferable in the event of a cancellation.

Cardholder's Signature: _____ Date: _____

MAIL PAYMENT TO:

AmericasMart Atlanta
 240 PEACHTREE STREET N.W.
 SUITE 2200
 ATLANTA, GEORGIA 30303
 ATTN: Convention Services

FAX TO: 404/220-2253

AVOID DUPLICATION!

If you fax this form with credit card info,
DO NOT mail the original form or send
 another form of payment.