



# BOOTH SECURITY ORDER FORM



Please direct inquiries and orders regarding this service to:

**RA CONSULTING**  
2700 N. Main Street, Suite 1070  
Santa Ana, CA 92705  
TEL +1. 714. 543. 3131 FAX +1. 714. 543. 3232  
Email: [orders@raconsulting.us](mailto:orders@raconsulting.us)

### COMPANY INFORMATION:

Company Name: \_\_\_\_\_ Booth Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
On Site Contact (Name and Cell #) \_\_\_\_\_

### RATES:

#### Unarmed Officers:

**\$60 per hour**; applied to all orders *received by June 7, 2024*

**\$65 per hour**; applied to all orders *received after June 7, 2024, and through June 14, 2024*

**\$75 per hour**; applied to all orders *received after June 14, 2024*

**\*Please note there is a 6-hour minimum per shift.**

**Note:** Please indicate whether or not the guard should be relieved by Company Representative:

Yes

No

### COVERAGE REQUESTED: (Please indicate DAYS, DATES and TIMES of coverage)

Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____
Day/Date: _____	Start: _____	Day/Date: _____	End: _____	Total hours: _____

Total Hours: \_\_\_\_\_

Applied Rate: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

Add 5% Service Charge for Credit Card Orders: \$ \_\_\_\_\_

**Total Paid With Order: \$ \_\_\_\_\_**

**PAYMENT METHOD:**

**FULL PAYMENT MUST BE RECEIVED PRIOR TO ACCEPTANCE OF ORDER**

**Choose Payment Option:**     Check     VISA     MC     Amex  
**If paying by credit card please check:**     Company Card     Personal Card

Card Holder Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_  
**I authorize RA CONSULTING to charge my credit card account for the amount stated on Page 1.**

**Note:**    Should the actual cost exceeds the estimated amount; Please indicate whether you would like RA Consulting to charge the amount due at the end of the event to the same card:  
 Yes     No

**INVOICING INFORMATION:**

Please indicate who should receive the final invoice, and check which method to utilize for delivery:

Contact Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TERMS AND CONDITIONS:**

- Full payment must be received prior to processing any booth order.
- RA Consulting recognizes a six-hour minimum shift for all unarmed officers.
- All orders received on site will be handled on a case-by-case basis depending on officer availability.
- Client shall protect, indemnify, and hold harmless RA Consulting and its officers, agents, employees, and subcontractors from and against any and all loss to property and/or personal injuries, not due to the negligence of RA Consulting, or its subcontractors, agents, servants, or employees. It is expressly understood and agreed that under no circumstances will RA Consulting be responsible for the theft or other loss of Client's property not directly attributable to theft or loss by RA Consulting, its agents, servants, or subcontractors.
- RA Consulting shall not be liable for any damages sustained from delay or non-performance due to events beyond the reasonable control of the parties including without limitation, acts of God, disaster, government regulation, terrorist actions, strikes or other labor disputes, weather, earthquakes, fires, floods, war, riots, civil disorder, failure of power or utilities, government acts.

**OFFICE USE ONLY:**

Order Received on: \_\_\_\_\_ Client Confirmed on: \_\_\_\_\_  
CC Original Charge: Charged on: \_\_\_\_\_ Approval Code: \_\_\_\_\_  
CC Final Charge: Charged on: \_\_\_\_\_ Approval Code: \_\_\_\_\_  
Check Process Deposited on: \_\_\_\_\_ Check Number: \_\_\_\_\_  
Order submitted to Manager on: \_\_\_\_\_ Manager Name: \_\_\_\_\_

**RA Consulting thanks you for your business**