H&S SERVICES Inc.

@ The International Centre 6900 Airport Road, P.O. Box # 2, Mississauga, ON L4V 1E8 FAX: 416-548-7434

E-mail: admin@hsholdings.ca

Section 1	Show and Company Information		
Event:		Event Dates:	
Company Name:			
Address of Cardholder:		Conditional data	
City of Cardhodler:	Prov./State:	Cardholder: Postal Code/Zip Code	
Phone:	Ext:	Fax:	
Email:		Contact Person:	
Signature:		Date:	
	Booth #:	Total Square Feet:	

npling 1(S), wood, metal or form shavings, grease or oil. Porter service and additional exhibit cleaning is also available please inquire for arrangements. Please insure any protective floor covering is removed by 4:00pm on the last move in date. H&S will not be responsible for removal of floor covering.

All orders must	t be received and paid in full one (1) weekj prior to your m	ove-in date.				
Section 2 Initial Cleaning done the night before the show opens the 1st day						
<u>Sq. Ft.</u>	Rates per		Total			
100 - 600	\$0.22	x 1 day				
601 - 1000	\$0.21	x 1 day				
1001 and over	\$0.20	x 1 day				
Section 3	Nightly Cleaning (any added requested cleaning). Plea	se indicate nights.				
Sq. Ft.	Rates per		Total			
100 - 600	\$0.19	x # of days				
601 - 1000	\$0.18	x # of days				
1001 and over	\$0.16	x # of days				
Carpet Cleaning - min.						
of \$70.00 charge	\$0.32	x # of days				
Rental of 35 Gallon						
Waster Container/Liner	\$22.00 / day	x # of days				
Please list any special						
added services needed						
(subject to charges)						
		Sub-total				
		+ HST - 13% tax				
		TOTAL				
Required Cleaning Dates:						

Section 4	Payment Information					
All orders must be received a	and paid in full at least 7 days	prior to the move-i	in date.			
A 25% surchage will apply to all orders received after this date.						
Incomplete orders cannot be	e processed.					
H&S reserves the right to recalculate orders not calculated accurately.						
Please Note:	Bank Transfers: please add a \$30.00 bank service charge to the final total.					
<u>Payments - circle one</u> Card #:	Visa	MasterCard	American Express	Cheque: Payable to H&S Holdings Inc.		
Expiry Dates:			CVV:			
Cardholdser Name:			Signed:			
				I authorize any unpaid balance on this card.		
			INVOICE #			