

# CLEANING ORDER FORM

## GARDEN STATE EXHIBIT CENTER

50 ATRIUM DRIVE • SOMERSET, NJ 08873

SHOW NAME \_\_\_\_\_

Phone 732-469-4000

Fax 732-563-4500

SHOW DATES \_\_\_\_\_

**All orders must be accompanied by a credit card  
or check payable to:**

BOOTH NUMBER \_\_\_\_\_

**Garden State Exhibit Center, LLC**

To ensure your booth is show-ready, specify your requirements below. Should you require other service or have any questions call us at the number above. All orders **MUST BE RECEIVED 10 DAYS PRIOR** to the first set-up day of the show and /or event accompanied with full payment and credit card information or **FLOOR PRICES** will be charged. No refunds.

	<u>ADVANCE</u>	<u>FLOOR</u>	<u># of Day(s)</u>	<u>Circle Days Needed</u>	<u>TOTAL</u>
Booth Cleaning per day (0-100 square feet)	\$35.00	\$50.00	_____	Mon Tues Wed Thurs Fri Sat Sun	\$_____
Booth Cleaning) per day (101-300 square feet)	\$65.00	\$90.00	_____	Mon Tues Wed Thurs Fri Sat Sun	\$_____
Booth Cleaning) per day (301-500 square feet)	\$125.00	\$160.00	_____	Mon Tues Wed Thurs Fri Sat Sun	\$_____
Booth Cleaning) per day (500-800 square feet)	\$225.00	\$300.00	_____	Mon Tues Wed Thurs Fri Sat Sun	\$_____

**NOTES:**

1. All above services include vacuuming of booth and trash removal ONLY. Booth cleaning is done in the A.M. only
2. Exhibitors must fill out Credit Card information at the bottom of this Cleaning Order Form.

EXHIBIT NAME: \_\_\_\_\_ COMPANY NAME (if different from Exhibit Name): \_\_\_\_\_

BOOTH REPRESENTATIVE: \_\_\_\_\_ BOOTH # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ TELEPHONE #: ( ) \_\_\_\_\_

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any of the amount of these charges. I also agree that all charges contained in this amount are correct and any disputes or requests for copies of charges must be made within five days after my departure. I represent that I am authorized to bind the indicated company or association.

CARD MEMBER NAME (as it appears on the card): \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ MC(\*)  VISA  AMEX

ACCOUNT NUMBER: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Please return via fax to 732-563-4500