



KAY RESOURCES, INC.

Security & Traffic Control Staffing, Planning and Management

"THE LAST THING ON YOUR MIND IS THE FIRST THING ON OURS"

SPECIAL SECURITY ORDER FORM

Please use this form to order a security detail specifically assigned to your booth space.

CONFERENCE/ TRADE SHOW NAME: _____

YOUR COMPANY NAME: _____ BOOTH NUMBER: _____

BILLING ADDRESS: _____ CITY/STATE/ZIP: _____

ACCOUNTS PAYABLE PHONE & EMAIL: _____

DATES & TIMES OF REQUESTED COVERAGE:

DAY 1: DATE _____ START _____ END _____ DAY 4: DATE _____ START _____ END _____

DAY 2: DATE _____ START _____ END _____ DAY 5: DATE _____ START _____ END _____

DAY 3: DATE _____ START _____ END _____ DAY 6: DATE _____ START _____ END _____

COMPANY CONTACTS: 1. NAME: _____ CELL #: _____
(ON SITE)

2. NAME: _____ CELL #: _____

EXACT LOCATION & DUTIES / SPECIAL ATTENTION REQUESTED: _____

PAY RATES: (SELECT YOUR STAFFING TYPE): _____ POLICE OFFICER: \$68.75 PER HOUR _____ SECURITY GUARD: \$31.25 PER HOUR

ALL SHIFTS MUST BE SCHEDULED FOR A 4 HOUR MINIMUM; SALES TAX OF 8.25% WILL BE ADDED TO ALL AMOUNTS

PAYMENT METHOD (NOTE THAT PERSONAL CHECKS ARE NOT ACCEPTED): _____ COMPANY CHECK _____ DIRECT DEPOSIT

_____ ELECTRONIC WIRE (\$15.00 ADDED FEE) _____ CREDIT CARD (NOTE: A 3.5% CONVENIENCE FEE WILL BE ADDED)

ALL PAYMENTS ARE DUE 7 DAYS BEFORE THE FIRST DAY OF YOUR COVERAGE. YOU WILL RECEIVE AN INVOICE AFTER YOUR REQUEST IS RECEIVED IN OUR OFFICE.

SIGNATURE (REQUIRED): _____

PRINTED NAME: _____

MY SIGNATURE ABOVE CONFIRMS I AM THE PARTY RESPONSIBLE FOR PAYMENT OF ALL SERVICES.

PLEASE USE THE REVERSE SIDE OF THIS FORM TO LIST ANY ADDITIONAL DETAILS

THIS FORM MAY BE EMAILED TO: STEPHEN@KAYRESOURCES.COM.

PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS.

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www.kayresources.com

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