

Citadel 34 91st Street, Suite B. Brooklyn, N.Y. 11209 Phone (212) 509-5570		2022 PRIVATE GUARD ORDER FOR SHOW FLOOR BOOTH SPACE.		PAGE _____, OF _____ Site: JACOB K JAVITS CONVENTION CENTER		FUNCTIONAL FABRIC FAIR POWERED BY <i>PERFORMANCEDAYS</i> NEW YORK	
Company Name: _____				Company #: _____		Client Mobile #: _____	
Client Name: _____				Billing Address: _____			
Client Email: _____				Payment Method : _____		On Site Contact (Name & Cell) : _____	
2022 Security unarmed RATES		Standard		DISCOUNT RATE DEADLINE FOR PROCESSED ORDERS		Discounted	
Monday@12am to Friday@11:59pm		\$39.99 /hour		Date: 07/08/2022 Time: 4pm(EDT)		Orders are deemed processed after the preliminary invoice is confirmed by the Client. Invoicing is done after Client submits the completed and signed order agreement form and has confirmed the order details and method of payment.	
Saturday@12am to Sunday@11:59pm, & Holidays <small>(See terms)</small>		\$59.99 /hour		\$33.33 /hour		\$49.99 /hour	
Taxes: Citadel collects NY State tax on all invoices. If you are claiming resale status you may file an AU-11 with NY State for a tax refund. PLEASE DO NOT SUBMIT PAYMENTS EXCLUDING NEW YORK STATE TAX.							
Fulfillment on orders received after 07/08/2022 can not be guaranteed. Orders will be accepted on a case-by-case basis, only if personnel are available.							
Brief description on function/role of guard(s) being requested.		Booth Location		START DATE TIME		FINISH DATE TIME	
*Please note the payment methods terms below. If using Credit Card payment method please account for fees. All such payments will be done via a Quick Book online portal, once your invoice is confirmed with us. The use of Quick Book payment system do not require credit card authorizing forms. We do not issue PAID receipt on these payments, you will receive payment confirmation via Quick Books that suffices as your proof of paid status.							
Scope of service: By hiring Citadel, the Client understands the use of Citadel guards are only on show premises. Furthermore the ability to perform tasks beyond visual presence/deterrent is subject to scheduling, amount of coverage, protocols and equipment provided or requested by Client. Citadel is not responsible for any arears nor subject to refund any amounts due for services on conditions based off improper scheduling, management, deployment, instructions, & equipment by the Client request.							
Minimums Shift times: The minimum hours per shift is 6 hours. Citadel retains the right to adjust assigned personnel in accordance to scheduling needs. *Be aware any posts located outside the show halls may be subject to different policies.							
Breaks & Meals Relief : Client acknowledges that Citadel employees are provided mandatory breaks of one 15 minute break and one 30 minute meal break per any 6 hour shifts. For 8 hour shifts one additional 15 minute break is included. For 12 hour shifts one additional 15 minute break and one additional 30 minute meal break are included. All such breaks and reliefs are to be provided under the agreed upon order. If for any reason the order does not included Citadel staffing to provide coverage for meals and reliefs, the Client accepts there may be periods of interruption on coverage for which Citadel is not responsible nor hold liable for limited coverage. For Day shifts between the hours of 7am to 7pm, Client acknowledges additional guards ordered to provide relief coverage are subject to a 6 hour minimum shift. For Overnight orders between the hours of 7pm to 7am, Client has the option of paying a service fee to provide relief coverage instead of ordering relief guards at the shift minimum. This fee will be set to 4 hours of the established rate on the order and will only provide coverage up to 4 guards. Any orders exceeding 4 guards will require additional fees.							
Late Dismissal / Additional time : Any time beyond the scheduled hours, will be billed at 2 times the agreed upon rate in 1/2 hour increments. Any such charge(s) will be subject to late payment fees, and must be paid in full within 12 hours of original dismissal time. Non payment of these fees violates the terms of this agreement, as such termination of services on remaining coverage may occur.							
Holidays : Martin Luther King Jr. Day, President's Day, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Day after, Christmas Day, New Year's Eve ("Double Time") and New Year's Day ("Double Time").							
Order Lead Time : In the event the Client requires guard services not previously ordered. Requests made less than 24 hours notice, guards will be provided at a rate 1.5 times the established rate. If less than 12 hours the rate will be 2 times the established rate. Orders received with less than 48 hours notice will be filled on a case-by-case basis if guards are available							
Cancellation Policy : Cancellation of orders prior to payment due date will incur no charges. For cancellations occurring 72-48 hours prior to start of first shift a fee of 50% of the total invoice will be charged (50% of prepaid amount will be refunded). Cancellations made within 48 hours are subject to no refunds. Any reductions in coverage after the start of services that are made less than 48 hours are subject to no refunds.							
Billing and amounts due : Client agree and accepts that all duration of time services are rendered will be invoiced and paid. Any time that is provided beyond the initial order falls under the terms of service for Additional time. Furthermore all time for services rendered that were not invoiced due to client adjustments, or incorrect billing are still subject to full payment under the terms of this agreement. Late Fees: For any unpaid amounts a fee of 10% will be applied on the total amount every seven business days beyond the due date.							
Payment : Invoice must be paid in full before the start of service. Wire Transfers (Preferred): *Information provided upon request. Checks: make payable to Citadel Security Agency. Must be cleared 48 hours before start of coverage. Credit card (Optional): *Information provided upon request, subject to additional fee.							
SIGNATURE: _____						DATE: _____	
Signing above confirms you have read, understood, and agree to all terms & conditions outlined. Additionally your signature establishes that you are the responsible party or representative establishing this agreement.							

PLEASE SUBMIT COMPLETED FORM BY EMAIL TO IAN@CITADELSECURITYAGENCY.COM, cc DAVID@CITADELSECURITYAGENCY.COM

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