



Cleaning Order Form

ADVANCE DEADLINE

Phone: (313) 259-6535

Fax: (313) 259-6872 COBO CENTER DETROIT, MICHIGAN

ABM IS THE EXCLUSIVE CLEANING CONTRACTOR OF COBO CONFERENCE CENTER.

Advance Rate Policy: Order form and payment must be received by the above deadline in order to qualify for advance rates. Order form must be submitted with authorization signature and complete credit card information, *including expiration date.*
Orders received after the deadline or placed at show will be billed at the floor rate (+35%)

EXHIBITOR NAME: _____ BOOTH #: _____

Third Party NAME: _____ Dates of Service: _____

CONTACT NAME: _____ PHONE: (office) _____ (cell) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PAYMENT METHOD: _____ check/money order _____ credit card (see below) _____ wire transfer

Charge to: MasterCard Visa American Express

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TOTAL DUE: \$ -

Cardholder signature: _____ Expiration Date: _____

I authorize this order and accept responsibility for all charges. _____
Signature Date

Fax copy of final invoice & charge receipt to: (Fax #) _____ Attn: _____

ADVANCE RATES-Please select type of cleaning needed		Rate per sq. foot	Square Footage	Number of Days	Total Amount
Booth Carpet Vacuuming (minimum 100 square Feet)	100-400 sq. feet	20 ¢			\$ -
	401-1600 sq. ft.	15 ¢			\$ -
	Over 1600 sq. ft.	Call for Quote			\$ -
Hard Surface Floor	Damp Mop	25 ¢			\$ -
	Buff & Wax	Call for Quote			\$ -
Booth Shampoo Service		48 ¢			\$ -
Plastic Carpet Cover Removal		8 ¢			\$ -
Large Plastic Barrel Rental (empty as needed)		\$47.00	# of barrels _____		\$ -
Hourly Porter Labor - Set Porter or Car Polisher	Rate per hour		Total hours	Service Date(s)	Total Amount
Straight time (First 8 hours)		\$27.00			\$0.00
Saturday or after first 8 hours		\$37.00			\$0.00
Sunday or Holiday Hours		\$39.00			\$0.00

ALL ORDERS ARE SUBJECT TO THE TERMS & CONDITIONS ON REVERSE

RETURN ORDER FORM WITH PAYMENT IN FULL TO:



One Washington Blvd., Suite #1020, Detroit, MI 48226. Phone (313) 259-6535 or (313) 259-4529

Orders paid by credit card may be faxed to (313) 259-6872. Please retain a copy for your records.

ABM Office Only: _____ Job#: _____ Tag: _____ Initial: _____