

Jacob K. Javits Convention Center

Cleaning Request Form



This Order Form and payment must be postmarked or faxed 15 days prior to show opening date to qualify for Advance Rate. All orders must be submitted with a signed Service Order Payment Form.

Full Name Of Event (14798) TEXWORLD USA Month/Year January 2012

Company Name _____ Booth Number _____ Advance Rate Deadline: January 3, 2012

Event Contact _____ Email Address _____ I ALSO AUTHORIZE CHARGING ANY UNPAID BALANCE TO MY CREDIT CARD SUBMITTED ON THE JKJCC PAYMENT POLICY FORM.

Phone Number _____ Fax Number _____ SIGNATURE _____ DATE _____

ALL CLEANING AND JANITORIAL SERVICES MUST BE PERFORMED BY THE JKJCC (minimum charge 100 sq. ft. per booth)

**** Prices subject to change without notice ****

Please Indicate Type of Cleaning Required		Advanced Rate/sq.ft.	Standard Rate/sq.ft.	Booth sq.ft. X	Number of Days X	=	Amount	JKJCC Use Only	
TYPE OF FLOOR (check one) <input type="checkbox"/> HARD <input type="checkbox"/> CARPET									
First Day Cleaning Fee (See Reverse Info) Cleaning completed in preparation for the first show day		\$ 0.23	\$ 0.27		1	=	\$		C60
Show Days Cleaning (Does Not Include First Day) Exhibition booth cleaned after each open show day in preparation for the next show day		\$ 0.21	\$ 0.24			=	\$		C61
Shampoo Booth Carpet		\$ 0.40	\$ 0.50			=	\$		C62
Periodic Porter Service (Show Hours Only) Sweep floor/empty wastebaskets. <i>Booth over 3500 sq. ft. must order Custom Porter Service</i>		\$ 47.00/day	100-499			=	\$		C63
		\$ 70.00/day	500-999			=	\$		C64
		\$ 94.00/day	1000-1999			=	\$		C65
		\$117.00/day	2000-3499			=	\$		C66
Custom Porter Service (Minimum charge 2 hours) Sweep floor/empty wastebaskets	Hours of Service	Total Hours	Rate	No. of Porters	No. of Days	=	Amount		
			\$ 35.00 per hour			=	\$		C49
Hazardous Waste Removal		Quantity			Time/Date Req		Amount		
Exhibitors must fill container and supply a MSDS report (SEE REVERSE FOR INFO)	55 Gal. Drum		Call for quote	Call for quote			\$		C51

<p align="center">JKJCC USE ONLY</p> <p>Received By _____</p> <p>Credit Card Authorization # _____</p> <p>Check # _____</p> <p>Invoice # _____</p> <p>Labor # _____</p> <p>Tracking # _____</p> <p>Customer # _____</p> <p>On-site Customer Signature _____</p>	<p align="center">JKJCC PAID STAMP</p>	<p>Total \$ _____</p> <p align="center">State and Local Sales Taxes will be added on all items</p>
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See reverse side for instructions and conditions.

Special Instructions _____

Claims will not be considered unless filed by exhibitor prior to close of exposition at the JKJCC Service Desk

For faster ordering with a confirmation call toll-free 1.877.452.8487 or go to www.javitscenter.com

REQUEST FOR CLEANING SERVICES

SERVICE ORDER FORM

1. Conditions for processing service order forms are:

- a. **Prices subject to change without notice.** PAYMENT AND CREDIT CARD INFORMATION FOR SERVICE MUST ACCOMPANY SERVICE REQUEST. Date payment is received shall determine the applicable rate.
- b. Booth Number(s) must be identified on face of form.
- c. If third party billing is required, service contract must include company name c/o display house. Display house address and contact name must be indicated on service contract. Payment policy will apply.

2. Services cancelled prior to installation will be subject to cancellation fees.

3. Claims will not be considered unless filed by exhibitor prior to close of exposition at the JKJCC Service Desk. Non receipt of service must be reported to the JKJCC Service Desk each show day for verification and consideration.

4. Unpaid balances subject to past due penalties.

EXHIBITOR NOTES

1. FIRST DAY CLEANING (OPENING DAY) INCLUDES:

- a. Vacuuming of carpeted areas.
- b. Sweeping of floor covering other than carpeted surfaces.
- c. Damp mopping of floor covering other than carpet. Specify in "Special Instructions" on front.
- d. Wastebasket and trash receptacle emptying.
- e. EXHIBITORS ARE RESPONSIBLE FOR REMOVING PLASTIC CARPET COVERING AND OTHER OBSTRUCTIONS BEFORE CLEANING CAN BE PERFORMED.

2. SHOW DAYS CLEANING (DOES NOT INCLUDE OPENING DAY)

3-day show = 2 cleanings, 4-day show = 3 cleanings,
5-day show = 4 cleanings.

Show days booth cleaning services include:

- a. Vacuuming of carpeted areas.
- b. Sweeping of floor covering other than carpeted surfaces.
- c. Damp mopping of floor covering other than carpet. Specify in "Special Instructions" on front.
- d. Wastebasket and trash receptacle emptying.

Services will be performed on designated show days after the show closes for the day.

3. PERIODIC PORTER SERVICE

This service is performed during show hours ONLY. Porter will report to booth to empty wastebaskets and sweep once every 2 hours (vacuuming not included). Refusal of service will not be rescheduled or refunded. (Booth 3500 sq ft and over must order Custom Porter Service).

4. CUSTOM PORTER SERVICE

This service is billed at an hourly rate with a 2 hour minimum and performed during show hours ONLY (includes an assigned Porter to stay in booth). Service includes emptying of wastebaskets and sweeping (vacuuming not included). Customer is required to supply in writing hours requested. Refusal of service will not be rescheduled or refunded.

5. HAZARDOUS WASTE REMOVAL

For hazardous waste removal, a copy of the Material Safety Data Sheet (MSDS) report must accompany the containers. MSDS reports can be obtained from the manufacturer. Without the MSDS report the hazardous waste cannot be disposed of without analysis, at an additional cost of \$200.00 US dollars.

6. SERVICE POLICY

It is our policy to settle all service, labor and billing disputes as soon as possible. Please report them to the JKJCC Service Desk. If you have questions regarding cleaning services call (212) 216-2090.

IMPORTANT BUILDING REGULATIONS

1. Cleaning will be performed by JKJCC cleaners only.
2. Booth square footage is subject to verification of show management.
3. Disposal of hazardous waste on JKJCC premises is illegal.

TIPPING IS NOT PERMITTED. ANY REQUESTS FROM PERSONNEL FOR GRATUITIES SHOULD BE IMMEDIATELY REPORTED TO JKJCC MANAGEMENT.

MAKE CHECKS PAYABLE TO THE JAVITS CENTER
Please retain a copy for your records.

Return with payment to:
Jacob K. Javits Convention Center
655 West 34th Street
New York, NY 10001-1188

Phone 212.216.2090
Fax 212.216.4169 **(Credit Card Payment Only)**
www.javitscenter.com

Jacob K. Javits Convention Center

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New York, NY 10001-1188
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SERVICE ORDER(S) PAYMENT FORM



Required for Electrical, Cleaning, Plumbing, and Telecommunication Services

(No service will be provided without payment and completion of Section 1 & 2 and the return of this form as well as a booth floor plan, where appropriate, and the order form for the specific service required.)



Customers who choose to pay by check or money order must also supply a valid credit card number. Credit Card charges are limited to \$10,000 per order/invoice. Any order exceeding \$10,000 must be paid by company check. Any balance due during or at the end of the show and does not exceed \$10,000 will be billed directly to the credit card number. The Advance rate will only be valid and processed for orders with payment postmarked, faxed or emailed 15 days prior to the show opening date. By your signature below, you acknowledge and agree to these terms and authorize JKJCC to bill your credit card. **Personal checks or checks drawn on foreign banks are not accepted.** Failure to follow these instructions will result in a delay in services.

Make checks payable to the JACOB K. JAVITS CONVENTION CENTER.

Please return order forms with payment to:

Jacob K. Javits Convention Center
655 West 34th Street
New York, NY10001-1188
Fax: 212-216-4169

Email COMPLETED & SIGNED Service Forms to: services@javitscenter.com

Show Name: (14798) TEXWORLD USA	Show Booth:	Show Date(mm/yy): Jan. '12
Exhibiting Company Name:		

Section 1 (Billing Information)

Billing Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____ Fax: _____

Contact Signature: _____ Country _____

Section 2 (Billing Credit Card expiration date must be valid throughout the event listed above)

American Express MasterCard Visa Diners Club

Card Number: _____ Expiration Date: _____ / _____
Month Year

Card Holders Name (Print): _____

Card Holders Signature: _____ Date: _____

Contact: _____ Phone: _____ Fax: _____

Section 3

Please check here if checks are included. Email Address: _____

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