



Washington Auto Show Vehicle Cleaning Service Order Form

COMPANY INFORMATION:

COMPANY NAME: _____ BOOTH: _____

CONTACT NAME: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ FAX: (_____) _____

ON SITE CONTACT (NAME AND CELL#): _____

RATES:

1. DAILY MAINTENANCE: \$50.00 Per Vehicle Per Day
Service will begin 2 hours prior to show open finishing 1 hour before show close.
2. One (1) Time cleaning complete inside and out: \$200.00 Per Vehicle *Oversized vehicles priced accordingly
Alot 4 - 8 hrs for complete cleaning of vehicle. The Vehicle will be removed from display space for water source.
It will be clients responsibility to reposition vehicle. If not present to reposition, vehicle will be left in aprox area once completed)

1. # _____ Vehicles X \$50.00 X 11 Days = \$ _____

2. # _____ One (1) Time Cleaning x \$200.00 = \$ _____

* All orders received on-site will be processed at an additional 10% over the published rates.

Please direct inquiries and orders regarding this service to:

Chris Daniel, Show Director
Washington Auto Show
5301 Wisconsin Avenue, NW, Suite 210, Washington,
DC 20015
202-800-4194 or cd@wanada.org

OFFICE USE ONLY:

Received on: _____

Charged on: _____

App. Code: _____

TOTAL VEHICLES: _____

APPLIED RATE: \$ _____

TOTAL COST: \$ _____

TTL PAID: \$ _____



Washington Auto Show Vehicle Cleaning Service Order Form

PAYMENT METHOD:

FULL PAYMENT MUST BE RECEIVED PRIOR TO ACCEPTANCE OF ORDER

CHOOSE PAYMENT OPTION: Check _____ AMEX _____ VISA _____ MC _____

If paying by credit card:

Card Holders Name: _____ E-MAIL: _____

(Exactly as it appears on the card)

Address: _____ Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Card #: _____ Exp. Date: _____ Security Code: _____

Signature: _____

I authorize THE WASHINGTON AUTO SHOW to charge my credit card account for the amount stated on page 1.

NOTE: Should the actual total cost exceed the estimated amount, The Washington Auto Show will charge the remaining amount due to the same card at the end of the event.

INVOICING INFORMATION:

Please indicate who should receive the final invoice, and check which method to utilize for delivery:

Contact Name: _____ E-MAIL: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

TERMS AND CONDITIONS:

- Full payment must be received prior to processing any order.
- All orders received on-site will be processed at an additional 10% over the published rates.
- Client shall protect, indemnify, and hold harmless The Washington Auto Show and its officers, agents, employees, and subcontractors from and against any and all loss to property and/or personal injuries, not due to the negligence of The Washington Auto Show, or its subcontractors, agents, servants, or employees. It is expressly understood and agreed that under no circumstances will The Washington Auto Show be responsible for the theft or other loss of Client's property not directly attributable to theft or loss by The Washington Auto Show, its agents, servants, or subcontractors.
- Washington Auto Show shall not be liable for any damages sustained from delay or non-performance due to events beyond the reasonable control of the parties including without limitation, acts of God, disaster, government regulation, terrorist actions, strikes or other labor disputes, weather, earthquakes, fires, floods, war, riots, civil disorder, failure of power or utilities, government acts.

OFFICE USE ONLY:

Order Received on: _____ Client Confirmed on: _____

CC Original Charge Charged on: _____ Approval Code: _____

CC Final Charge Charged on: _____ Approval Code: _____

Check Process Deposited on: _____ Check Number: _____

Order submitted to Manager on: _____ Manager Name: _____