

OFFICIAL CONTRACTOR FOR PRESSURE WASHING & EQUIPMENT DETAILING



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RESERVE AS SOON AS POSSIBLE



PLEASE COMPLETE THE FOLLOWING AND RETURN BY EMAIL TO
drsoffice@drdetailinc.com

COMPANY NAME: _____

CONTACT NAME: _____ BOOTH #: _____

ADDRESS: _____

CITY: _____ PR/ST: _____ PC/ZIP: _____ COUNTRY: _____

PHONE #: _____ CELL: _____ FAX #: _____

E-MAIL: _____ WEB ADDRESS (OPTIONAL): _____

EXHIBIT COMPANY NAME & CONTACT INCLUDING CELL NUMBER: _____

MOVE-IN DATE (IF AVAILABLE): _____

Please complete the following and return for your quotation:

SHOW SERVICES REQUEST

1) PRESSURE WASHING:
(NB: COSTS QUOTED PER PIECE PER SERVICE + TAX)

DESCRIPTION OF SHOW UNIT(S) FOR PRESSURE WASHING:

QUANTITY: _____

2) ONSITE DETAILING:
(NB: COSTS QUOTED PER PIECE PER SERVICE + TAX)

DESCRIPTION OF SHOW UNIT(S) FOR DETAILING:

QUANTITY: _____



**2) REMOVE VISQUEEN / POLY PLASTIC FROM SHOW FLOOR AND INITIAL VACUUM
(NB: COST QUOTED + TAX)**

YES _____ BOOTH SIZE _____

**3) DAILY PORTER SERVICE: daily maintenance of show units and booth, daily dusting of exhibit area, daily vacuum of carpet Dr. Detail to be on duty during all show hours.
(NB: COST QUOTED + TAX)**

YES _____ BOOTH SIZE _____

**4) ADDITIONAL SERVICES (PAINT & METAL POLISHING AND MORE)
(NB: COST QUOTED + TAX)**

I hereby authorize use of the following credit card for payment of services relative to this order form.

MASTER CARD VISA AMEX

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EXPIRY DATE: ____ / ____ CVV: _____

CARDHOLDER NAME: _____

CARDHOLDER SIGNATURE: _____

————— PROVIDING QUALITY SERVICE SINCE 1981 —————

AFTER COMPLETION, PLEASE SEND BACK AND WE WILL REPLY BACK THE FOLLOWING SHOWING ESTIMATED COSTS:

COSTS

Category	Quantity	Details	Amount
Power Washing			
Detailing			
Booth Placement			
Transportation			
Return Transportation			

HST: _____

ESTIMATED TOTAL: _____