

PRESSURE WASHING & EQUIPMENT DETAILING CONTRACT



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ON SITE CONTACT: 416-989-8252

**ON SITE PRESSURE WASHING, CLEANING & DETAILING TRUCKS & EQUIPMENT
ALSO AVAILABLE: PAINT & METAL POLISHING**

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

COMPANY NAME: _____

CONTACT NAME: _____

BOOTH #: _____ PHONE #: _____ CELL: _____

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

EXHIBIT COMPANY NAME & CONTACT INCLUDING CELL NUMBER: _____

MOVE-IN DATE: _____

PRESSURE WASHING: PER PIECE + TAX (GST + QST)

EQUIPMENT DETAILING: ASK FOR ON SITE QUOTATION + TAX (GST + QST)

1) # OF PIECES OF EQUIPMENT THAT WILL REQUIRE PRESSURE WASHING: _____

2) # OF PIECES OF EQUIPMENT THAT WILL REQUIRE DETAILING: _____

3) MOVE-IN DATE: _____

4) DESCRIPTION OF EQUIPMENT:

ANY OTHER SERVICES PLEASE SPECIFY REQUIREMENTS:

I hereby authorize use of the following credit card for payment of services relative to this order form.											
<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA <input type="checkbox"/> AMEX										
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EXPIRY DATE: ____ / ____ CVV: _____											
CARDHOLDER NAME: _____											
CARDHOLDER SIGNATURE: _____											