



**2019**

**Citadel Security Agency**  
**34 91st Street, Suite B.**  
**Brooklyn, N.Y. 11209**  
**Phone (212) 509-5570**

**Private Guard Order**



Client Name:		Company Name:	
Client Email:		Billing Address:	
Client Mobile #:	Company #:	Booth # / Location:	Method of Payment:

2019 RATES	Standard	DEADLINE for discounted rates on processed orders	Discounted
Monday @12am to Friday @12am	\$30.00 /hour	DATE: <b>03/27/2019</b> DAY: <b>WEDNESDAY</b> TIME: <b>9am(0900) EDT</b>	\$27.50 /hour
Saturday @12am to Sunday @12am, & Holidays*	\$45.00 /hour	*Orders are deemed processed when invoice is confirmed by client. Process is: submittal of order form, review and confirmation of schedule by Client with Citadel, followed by confirmation of the preliminary invoice for payment.	\$41.25 /hour
Armed Staff (all straight time)	\$60.00 /hour		\$55.00 /hour

**Taxes** : Citadel collects NY State tax on all invoices, if you are claiming resale status you may file an AU-11 with NY State for a tax refund.  
**PLEASE DO NOT SUBMIT PAYMENTS UNTIL INVOICE IS CONFIRMED**

BRIEF DESCRIPTION OF ROLE/FUNCTION	DATE & DAY	AMOUNT OF GUARDS	START OF SHIFT	END OF SHIFT	SHIFT TOTAL HOURS	AMOUNT OF ARMED STAFF	START OF SHIFT	END OF SHIFT	SHIFT TOTAL HOURS

**Scope of service:** By hiring Citadel, the Client understands the use of Citadel guards is only on show premises. Furthermore the ability to perform tasks beyond visual presence/deterrent is subject to scheduling, amount of coverage, protocols and equipment provided or requested by Client. Citadel is not responsible for any arrears nor subject to refund any amounts due for services on conditions based on improper scheduling, management, deployment. instructions, & equipment by the Client request.

**Minimum Shift :** The minimum shift time is 6 hours.

**Breaks :** Client will be responsible for ensuring necessary breaks of two 15 minute breaks and one 30 minute lunch break per shift during active day hours. In the cases the Client cannot provide the breaks or the order does not cover staffing to provide these breaks, the Client acknowledges that there may be periods of interruption in coverage of which Citadel is not responsible nor hold liable for limited coverage.

**Cancellation Policy :** Cancellations occurring 48 hrs or more incurs no fee. For cancellations occurring 24-48 hours prior a fee of 50% of the total contract will be charged. Cancellations made within 24 hours are subject to no refund. The cancellation policy refers to the entire contract.

**Additional Guards :** In the event the Client requires additional guards not included on order, Client will provide Citadel with 24 hours notice. If notification is given with less than 24 hours notice additional guards will be provided at a rate 1.5 times the agreed upon rate. If notice is less than 12 hours the rate will be 2 times the agreed upon rate. Orders received with less than 48 hours notice will be filled on a case-by-case basis if guards are available. Any time beyond the scheduled hours will be billed at 2 times the agreed upon rate in 1/2 hour increments. The charge(s) will be subject to late fees if not paid within 24 hours and possible termination of services on remaining coverage.

**Holidays :** \*Martin Luther King Jr. Day\*, \*President's Day\*, \*Memorial Day\*, \*July 4th, Labor Day\*, \*Thanksgiving Day and Day after\*, \*Christmas Day\*. *New Year's Eve (Double Time) and New Year's Day (Double Time).*

**Payment :** Deposits are due in advance. Invoice must be paid in full before the start of service. Checks ; make payable to Citadel Security Agency. Credit card (Optional) : payments will be arranged via electronic invoice for an additional fee of \$275, which is subject to taxes. Wire Transfers (Preferred) : Citadel Security Agency. Citibank, N.A. 7501 3rd Avenue, Brooklyn, NY 11209. Account #: 06585193. ACH Routing #(US only): 021000089. Swift Code: CITIUS33. VAT #: 11-2662654 (TIN).

<b>SIGNATURE:</b>	<b>DATE:</b>
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*Signing above indicates you have read, understood, and agree to all terms and conditions outlined. Additionally your signature establishes that you are the responsible party or representative on which this agreement is made for services requested.*

**PLEASE SUBMIT COMPLETED FORM BY EMAIL TO IAN@CITADELSECURITYAGENCY.COM, cc DAVID@CITADELSECURITYAGENCY.COM**