



# Electrostatic Disinfecting Order Form



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Mississauga, ON L4V 1E8  
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[info@caldas.ca](mailto:info@caldas.ca)

## Section 1 Show and Company Information

Event: <b>CMTS 2021</b>		Event Date: <b>October 4 – 7, 2021</b>	
Company Name: _____			
Address: _____			
City: _____	Province/State: _____	Postal Code/Zip Code _____	
Phone: _____	Ext: _____	Fax: _____	
Email: _____		Contact Person: _____	
Signature: _____		Date: _____	
		Booth #: _____	SQ. FT.: _____

### NOTE:

- Electrostatic disinfecting fogging of all surfaces in booth space.
- Rates are calculated by total Booth square footage.
- Product may leave a haze on surfaces (e.g., high gloss surfaces)
- MSDS Sheet available upon request.
- Please ensure all food consumable/tableware are removed or covered from surfaces being fogged prior to the end of each event day. Caldas will not be responsible for removal or covering of these items.
- **All orders must be received and paid in full by September 27<sup>th</sup>, 2021.**

## Section 2 Nightly electrostatic disinfecting fogging Information (Please list which nights under required fogging dates.)

100 – 600 sq. ft .....	\$0.20/sq.ft. x _____	x _____	Days = \$ _____
601 – 1000 sq. ft .....	\$0.18/sq.ft. x _____	x _____	Days = \$ _____
1001 and over sq. ft .....	\$0.16/sq.ft. x _____	x _____	Days = \$ _____
Please list any special requirements and/or services required (subject to additional charges)		SUBTOTAL	\$ _____
_____		H.S.T. #R866253842	13% _____
_____		TOTAL	\$ _____
Required fogging dates: _____			

## Section 3 Payment Information

All orders must be received and paid in full at least 7 days prior to move in date. A 25% surcharge will be added to all orders received after this date. Incomplete orders cannot be processed. CALDAS reserves the right to adjust orders not calculated accurately or received after the deadline date. Bank transfers please add \$30.00 bank charge to your payment.

Payment:  Visa  MasterCard  Cheque (Payable to Caldas Building Services Inc.)  Cash

Card # \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_ SIGNATURE: X \_\_\_\_\_

I AUTHORIZE CHARGING ANY UNPAID BALANCE TO MY CREDIT CARD