



# AMERICAN DISCOUNT SECURITY

Address: 4673 Thornton Ave. Suite J .Fremont, CA 94536 Mailing Address: P.O. Box # 7717. Fremont, CA 94537  
TEL: (510)742-8000 FAX: (510)742-9000 Website: www.adsguards.com

WWW.ADSGUARDS.COM

LIC: PPO 14579

## TERMS

- 1.- Unless paid in advance, all charges shall be due and immediately payable upon submission of each invoice. The time and terms of payment are of the essence. Client agrees to pay all reasonable attorney's fees, and costs which may be incurred in connection with the collection of any past due account.
- 2.- American Discount Security shall not be liable for failure to provide the services covered by this Authorization due to any cause beyond American Discount Security control.
- 3.- Client acknowledges that American Discount Security is not an insurer. The amounts payable to American Discount Security hereunder are based solely upon the value of the services rendered under this Authorization and are unrelated to the value of the Client's property or the property of others located in or about Client's premises. Client acknowledges that American Discount Security does not have any specific knowledge of the Client's premises and that it is not possible to ascertain the amount of any damage that might be claimed relative to the services rendered under this Authorization. Client therefore agrees that American Discount Security shall not be liable for any loss, damage or injury arising out of services rendered by American Discount Security and Client further agrees to that extent to indemnify and defend American Discount Security.
- 4.- This Authorization represents the entire agreement between the parties and no other agreements, understanding or representations, whether oral or written, have been made or relied upon by either party. No modification or changes unless American Discount Security agrees to such in writing.
- 5.- American Discount Security reserves the right to terminate the services immediately and without prior notice, upon default by Client in the payment of any monies due American Discount Security or upon the bankruptcy or insolvency of Client.
6. In the event of cancellation by Client, the following cancellation charges will be due; 1.- Seven days cancellation notice given, billing for three days or the period for which services are contracted, (whichever is less), will be incurred by Client; 2.- less than seven days, but more than two days cancellation notice given, billing for five days or the period for which services are contracted, (whichever is less), will be incurred by Client; 3.- less than forty-eight hours cancellation notice given, billing for seven days or the period for which services are contracted, whichever is less, will be incurred by Client.

### { SERVICE ADDRESS }

Client: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

### { Emergency Contact }

Emergency Contact 1: \_\_\_\_\_ Phone No: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone No: \_\_\_\_\_

### { BILLING ADDRESS }

Client: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Start Time	End Time	# of Guards	Start Time	End Time	# of Guards
MON: _____	_____	_____	FRI: _____	_____	_____
TUE: _____	_____	_____	SAT: _____	_____	_____
WED: _____	_____	_____	SUN: _____	_____	_____
THU: _____	_____	_____	Total Hours: _____		

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ No. Of Days: \_\_\_\_\_

Hourly Rate/Hr \$ \_\_\_\_\_ Holiday Rate/Hr \$ \_\_\_\_\_ Overtime Rate/Hr \$ \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Balance: \_\_\_\_\_

Note:

Client Signature \_\_\_\_\_

Client Name: \_\_\_\_\_ Title: \_\_\_\_\_

Authorization by: \_\_\_\_\_ Date: \_\_\_\_\_

Masih Jalala (MJ) Manager