



Home Check Security Agreement

Giordano Protection Services LLC. www. gpssecurity.us 5313 Collins Avenue, Suite 302, Miami Beach, FL 33130 Phone (305) 925-7524 Fax (305) 925-7524

Business/ name: _____

Billing Address: _____

City/State/Zip _____

Email: _____

Contact Name(s): _____ Phone _____

Please choose your payment preference: [] Visa [] MasterCard [] American Express

[] Discover Security code 3 digits on back _____ AMX 4 digits on front _____

Name as it appears on card: _____

Card Number: _____ Expiration Date: _____

Package chosen:

Package A 2 times per week 4-hour uniformed security detail \$240 per week/**\$960.00Monthly**

Package B:1 time per week 4-hour uniformed security detail \$140.00 per week/**\$560.00 monthly**

Package C: 1 time check Bi-weekly 4-hour uniformed security detail \$160.00/ **\$320.00 Monthly**

Address to be checked: _____ **Start Date:** _____

Amount: _____

7% Sales tax _____

3% Credit card processing fee _____

I authorize GPS to charge the following amount _____

Signature of Cardholder

X _____

Date: _____

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