

# ADVANCE RATE CLEANING / TRASH REMOVAL - SERVICE ORDER FORM REPUBLICAN NATIONAL CONVENTION

EFFECTIVE AUGUST 3 – SEPTEMBER 6, 2008



175 West Kellogg Blvd Suite 501  
St Paul MN 55102-1299  
Phone: 651-265-4800  
Fax: 651-265-4899  
Service Information: 651-265-4875

DO NOT mail or fax this form to FREEMAN.  
Please mail or fax this form to:  
Xcel Energy Center at **651-265-4899**  
order online at [xcelenergycenter.com](http://xcelenergycenter.com)

|                 |                                       |   |       |              |
|-----------------|---------------------------------------|---|-------|--------------|
| Event           | <b>Republican National Convention</b> | Building / Lot  | _____ |              |
|                 |                                       | Area Number   | _____ |              |
| Company Name    | _____                                 | Please use additional order forms when ordering services for multiple areas |       |              |
| Street Address  | _____                                 | Phone #   | _____ | FAX #: _____ |
| City            | _____                                 | State   | _____ | Zip _____    |
| Contact (print) | _____                                 | Contact (Sign)  | _____ |              |
| Email Address   | _____                                 |   |       |              |

### SERVICE DATES REQUESTED

**PLACE CODE IN BOX**  
T = TRASH REMOVAL  
V = VACUUMING / SWEEP

| SUNDAY | MONDAY        | TUESDAY       | WEDNESDAY     | THURSDAY      | FRIDAY | SATURDAY |
|--------|---------------|---------------|---------------|---------------|--------|----------|
| Aug 3  | Aug 4         | Aug 5         | Aug 6         | Aug 7         | Aug 8  | Aug 9    |
| Aug 10 | Aug 11        | Aug 12        | Aug 13        | Aug 14        | Aug 15 | Aug 16   |
| Aug 17 | Aug 18        | Aug 19        | Aug 20        | Aug 21        | Aug 22 | Aug 23   |
| Aug 24 | Aug 25        | Aug 26        | Aug 27        | Aug 28        | Aug 29 | Aug 30   |
| Aug 31 | <b>Sept 1</b> | <b>Sept 2</b> | <b>Sept 3</b> | <b>Sept 4</b> | Sept 5 | Sept 6   |

### FEE CALCULATION

|   | number of<br>service dates  | SERVICE COST               |
|---|---|----------------------------|
| SMALL Trash Can - Emptied<br>(single trash emptied 4 times / day) | X _____ (number of trash cans in area)<br>Please provide (or) order from Freeman        | X \$ 7.50 per day<br>\$    |
| LARGE Trash Can - Emptied<br>(single trash emptied 2 times / day) | X _____ (number of trash cans in area)<br>Please provided (or) order these on this form | X \$ 32.50 per day<br>\$   |
| LARGE Trash Can – Rental<br>(can is 56 gallons)                   | <b>N/A</b> X _____ (number of trash cans requested)                                     | X \$100.00 per event<br>\$ |
| SUITE area Vacuuming  | X _____ (number of suites)  | X \$ 90.00 per day<br>\$   |
| MEDIA area Vacuuming<br>SMALL areas that are up to 500 sq ft      | X _____ (square footage in area)  | X \$ .25 per sq ft<br>\$   |
| MEDIA area Vacuuming<br>Large areas that are less than 5000 sq ft | X _____ (square footage in area)  | X \$ .08 per sq ft<br>\$   |
| MEDIA area Vacuuming<br>Large areas that are move than 5000 sq ft | X _____ (square footage in area)  | X \$ .05 per sq ft<br>\$   |

**ADVANCE RATE**  
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**RECYCLING NOTES**

WE EXPECT THAT MOST AREAS WILL HAVE SEPARATE TRASH CANS THAT ARE MARKED FOR RECYCLING. THESE RECYCLING CONTAINERS WILL BE EMPTIED AT THE SAME RATES SPECIFIED ABOVE.

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**SERVICE NOTES**

Please list any special notes related to services ordered in this space – Include options of times when services should be provided.

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**TOTAL ORDER**

\$ \_\_\_\_\_

Saint Paul Arena Company Federal ID# 41-1970667

Payment must be made in U.S. Funds. Make checks payable to **Xcel Energy Center**

|   |                                   |   |               |
|---|-----------------------------------|---|---------------|
| <input type="checkbox"/> MasterCard       | <input type="checkbox"/> VISA     | <input type="checkbox"/> Money Order  | _____ # _____ |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Discover | <input type="checkbox"/> Company Check  | _____ # _____ |
| Credit Card # _____                       | Exp. Date _____                   | <input type="checkbox"/> For Receipt Confirmation Check here. Include Fax # or Email address. |               |
| Cardholders Name _____                    |                                   | Authorized Signature _____  |               |

**Billing:**

Requests for invoices will be charged a \$25 processing fee.  
Service requested on-site will be charged a 25% higher floor rate.

**Refund Policy:**

Requests for refunds should be made 7 business days prior to service date.