



AMERICAN PROTECTION SECURITY SERVICES INC.

PPO 14430

6420 COLDWATER CANYON SUITE 200
N.HOLLYWOOD CA 91606
phone (818) 754-1007

Client _____

Service Address _____

City _____ State _____ Zip _____

BILLING PROCEDURES

Deposit received _____ Weekly _____ Bi Weekly _____

Bill To: _____

Billing Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACTS

Name _____ Phone _____

TYPE OF SERVICE

Client authorizes American Protection Security Services Inc. to use ALL ACTION to provide the following services:

ARMED UNARMED VEHICLE PATROL BODYGUARD

Explain Other _____

Hourly Rate \$ _____ Overtime Rate \$ _____ Holiday Rate \$ _____

Start Date _____ End Date _____ Open _____

DAILY SCHEDULE

Number of Officers		Number of days	Start Time	End Time		Bi Weekly TOTAL HOURS Hours
Extra expenses to be paid by Client	MISC.	GAS	LODGING			TOTAL Bi Weekly \$

TERMS

1. Unless paid in advance, all charges shall be due and immediately payable within 15 days of invoice date.

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. If payment is not received before the due date stated on invoice American Protection Security Services Inc. shall charge a 10% late fee to Client.

2. American Protection Security Services Inc. shall not be liable for failure to provide the services covered by this Authorization due to any cause beyond American Protection Security Services Inc. control.

3. Client acknowledges that American Protection Security Services Inc. is not an insurer. The amounts payable to American Protection Security Services Inc. hereunder are based solely upon the value of the Client's property or the property of others located in or about Client's premises. Client acknowledges that American Protection Security Services Inc. 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 Protection Security Services Inc. shall not be liable for any loss, damage or injury arising out of services rendered by American Protection Security Services Inc. and Client further agrees to that extend to indemnify and defend American Protection Security Services Inc.

4. This Authorization represents the entire agreement between the parties and no other agreements, understandings or representations, whether oral or written, have been made or relied upon by either party. No modifications or changes unless American Protection Security Services Inc. agrees to such in writing.

5. American Protection Security Services Inc. reserves the right to terminate the services immediately and without prior notice, upon default by Client in the payment of any monies due and not paid within 30 days of invoice date American Protection Security Services Inc. or upon bankruptcy or insolvency of Client.

6. This contract is binding for a period of _____ one year _____ open contract.

In the event of cancellation of the agreement by the client before contract agreement expiration has been reached the client will be responsible for delivering a payment of a full thirty working day period to the provider on the per hour basis established in this contract.

Client Name _____ Client Signature _____

APSS Inc. Representative Signature _____ Date Signed _____

Management Approval _____ Client Authorized Rep. CA DL # _____