

# BLACK BELT SECURITY & INVESTIGATIONS, LLC

55 Washington St, Suite 309, East Orange, NJ 07017

WWW.BBSILLC.COM

800-493-1859

## *Client Profile Sheet/Security Survey*

Date \_\_\_\_\_

**Principal Contact Name:** \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Billing Address: \_\_\_\_\_

Tax ID/SS/EIN: \_\_\_\_\_

**Security Site Address:** \_\_\_\_\_

Security Site Phone: \_\_\_\_\_

Security Site Manager or Alternate Contact Name/Cellular Phone:  
\_\_\_\_\_

Security Hours Requested:

**Monday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Tuesday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Wednesday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Thursday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Friday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

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Customer Initials:

\_\_\_\_\_

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**Saturday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Sunday** Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Other Scheduling Info:**

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**Primary Duties To Be Performed** (circle those that apply):

General Site Security - Crowd Control - Parking Lot Security - Executive Protection  
Carrier/Transportation Services - Vehicle Patrol - Loss Prevention

*(Clubs and Bouncer Type Activities are not permitted)*

**Other / Details:**

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Is Armed Security Personnel Requested? **Y / N**      How many guards per shift? \_\_\_\_\_

Is Unarmed Security Personnel Requested? **Y / N**      How many guards per shift? \_\_\_\_\_

When are BBSI security services requested to begin? \_\_\_\_\_

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\_\_\_\_\_



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## B.B.S.I. Security Recommendations:

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I \_\_\_\_\_ the undersigned, am a duly authorized representative of \_\_\_\_\_, the business noted above and the information I provided herein is accurate to the best of my knowledge. I understand that this *profile sheet / security survey* is not a promise to provide services. Further, by my signature below I acknowledge being advised of the security recommendations contained herein and request that a price quote be provided and a contract drawn up for security services as directed by me.

Authorized Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

BBSI, LLC Representative \_\_\_\_\_ ID # \_\_\_\_\_

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**Sales Office Use Only:**

Price Quoted Armed Guard Per Hour \_\_\_\_\_

Price Quoted Unarmed Guard Per Hour \_\_\_\_\_

**Billing Terms:**

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**Other:**

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