



**BILLING ADDRESS:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SHIPPING ADDRESS:**  Same as billing

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PAYMENT:**  Credit Card  Money Order  Personal Check

Credit Card:  Master Card  Visa  American Express

Card Number:     -     -     -

Expiration Date:   /   Security Code:

Name on Card: \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_



**SAFE'S INFORMATION:**

Model No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_ (if known)

**PROOF OF PURCHASE:**

Please attach a proof of purchase in a form of an invoice, sales receipt, confirmation email, etc.

**OVERRIDE CODE COST:      Total:     \$35.00** \

**SUBMITTING INSTRUCTIONS:**

- You can email the form along with the proof of purchase to: [info@protexsafe.com](mailto:info@protexsafe.com) or
- Fax to: 818-773-8003
- Please make a copy of this form before mailing out, for your records.
- Shipping Address:      Protex Safe Co.  
   8445 Canoga Avenue  
   Canoga Park, CA 91304  
   Attn: Customer Service

Phone # 818-773-8030