



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.: _____

Key No.: _____ (if applicable)

KEY QUANTITY: _____ X \$15.00 = \$ _____

Overnight:\$30, 2nd Day:\$20, 3 Day:\$15, Ground:\$10 S&H: _____

Total: _____

Shipping Instructions:

YOU MUST SEND US YOUR KEY

DO NOT SHIP KEYS USING A REGULAR ENVELOPE WITH USPS!!!

- Please use a padded envelope or a small box.
- 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