



# Order Form

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

Department: \_\_\_\_\_

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

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

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

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

Telephone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

### Method of Payment

Credit Card No.: \_\_\_\_\_ V Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(3 digit # on  
Back of Credit Card)

Signature: \_\_\_\_\_

Check mailed on: \_\_\_\_\_

PO No.: \_\_\_\_\_

(For Government Agencies)

| Product No. and Description | Color | Size | Qty | Price | Extended Price |
|-----------------------------|-------|------|-----|-------|----------------|
|                             |       |      |     | \$    | \$             |
|                             |       |      |     | \$    | \$             |
|                             |       |      |     | \$    | \$             |
|                             |       |      |     | \$    | \$             |
|                             |       |      |     | \$    | \$             |
|                             |       |      |     | \$    | \$             |
|                             |       |      |     | \$    | \$             |
|                             |       |      |     | \$    | \$             |
|                             |       |      |     | \$    | \$             |

FAX COMPLETED FORM TO:

(206) 350-1229

Shipping info is posted on our website or call us for an exact quotation.

<http://www.citypublicsafety.com>

Toll Free: 800/564-1310

|                        |    |
|------------------------|----|
| Amount                 | \$ |
| S&H<br>(if applicable) | \$ |
| Subtotal               | \$ |
| Tax<br>(if applicable) | \$ |
| Total                  | \$ |