

AUTHORIZATION / ORDER FORM

SOLD TO: _____ Date: _____ Section **1**

Company: _____

Street: _____

City/State: _____ Zip: _____

Contact Person: _____

Phone: () _____

SHIP TO: (Street Address ONLY – No P.O. Box) Section **2**

Company: _____

Street: _____

City/State: _____ Zip: _____

Contact Person: _____

Phone: () _____

INSTALLATION ADDRESSES Section **3**
(Required by Fire Department)

List street addresses where box will be installed.

Bldg. Name: _____

Street: _____

City: _____

PAYMENT INFORMATION Section **4**

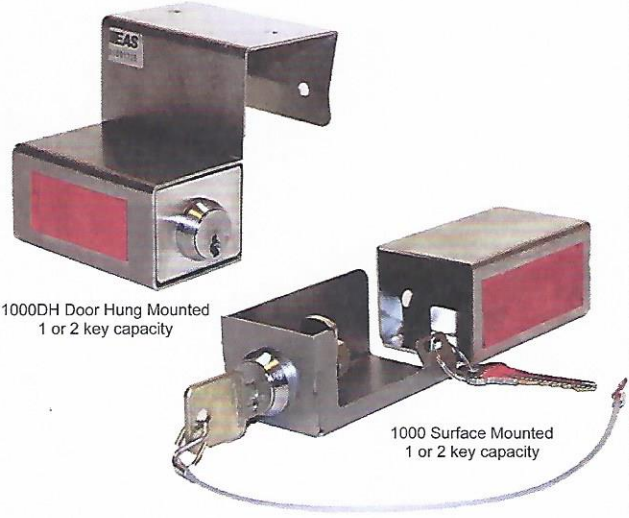
Check or Money Order Exp. Date: _____

Visa Mastercard Card Verification code: _____
(Last 3 digits on back of card)

Card Billing Address #'s _____ Zip Code: _____

Street or P.O. Box #: _____

Card Number _____



Signature _____ I agree to pay the total amount according to card issuer agreement
(A convenience fee of 3.5% is applied when using a credit card.)

Section **5**

Scott A. Duffey

AUTHORIZED FIRE AGENCY SIGNATURE

ROCKLAND FIRE DEPARTMENT

FIRE DEPARTMENT

SINGLE FAMILY RESIDENTIAL USE ONLY

Qty.	Stock #	Item Description	Price Ea.	Total
	1000DH	Door Hung Mount	159.00	
	1000	Surface Mount	155.00	
All Sales & Shipping is now taxable in RI when orders are shipped to RI addresses				
Shipping & Handling is \$19.00 per unit			Shipping & Handling	
Please add a convenience fee of 3.5% when using a credit card			SUBTOTAL	
Make check payable to: Emergency Access Systems, Inc. Send this form with payment to: EAS, Inc., P.O. Box 1811, Kingston, RI 02881			RI Sales Tax 7%	\$
			3.5% Convenience Fee	\$
			TOTAL	\$
FOR FIRE Dept. USE ONLY <input type="checkbox"/> Check here if products ordered on this form must be SUBMASTERED Add \$9.00 to EACH item ordered				

PLEASE CALL FOR INFORMATION ON RETURN WARRANTY POLICIES