

SafetyKnife.com-ORDER FORM

Fax completed form to (480) 629-4245

Your Order Number(PO) _____

Your Safetyknife Acct. No. _____

Purchaser

Name _____

Company Name _____

Phone _____

Email Address _____

Delivery Address

Street _____

City _____

State _____ Zip _____

Payment by Credit Card Invoice (existing account holders)

For Credit Cards Only Visa Master Card Am Exp

Name on Card _____ Expir. Date _____

Card Number _____ Code(on back) _____

check if Billing address is same as Delivery Address

Street _____

City _____

State _____ Zip _____

Items to purchase (See <http://www.safetyknife.com/pricelist.asp> for product information)

Part No	Product Desc. (name,color,pocket,etc)	Quantity	Unit Price

Shipping Ground 2nd Day OverNight

Use Your FedEx Account number: _____

Use Your UPS Account Number: _____

Billing Zip Code for shipping account: _____

Comments: _____

Shipped out of Southern California from Square1, our company at that location.

Please call (844) 665-0230 if you have questions.

FAX Printed FORM to (480) 629-4245