



**ADVANCED Safe and Vault Engineering**  
 5 Mary Jane Lane  
 Novato, CA 94947-2960

(415) 878-0235 Fax (415) 899-1884  
 E-mail: sales@advancedsafe.com  
 WWW.ADVANCEDSAFE.COM

# FAX/MAIL ORDER FORM

DATE: \_\_\_\_\_

Please supply one of the following: SAVTA/ALOA/NSO/CSN # \_\_\_\_\_

Mailing Address:

Shipping Address:

Qty.	Item # and product description	Price ea.	Extension

<b>“SPECIALS” Code:</b> _____ (if applicable) <b>Your Contact Information</b> (required) Contact person: Phone: (    ) Fax: (    ) E-mail address: Please ship my order by: UPS Ground ____ 2nd Day Air ____ Next Day Air U.S.P.S. PriorityMail ____ 1st Class Air Mail ____ Other _____ <small>(specify)</small>	<b>Sub-Total</b> 7.75% CA Sales Tax (if applicable) Shpg./Hndlg. & Ins. <small>We will bill you for the actual shipping and insurance charges or they will be added to your Visa/MC total.</small> <b>ORDER TOTAL \$ To Be Determined</b>
---	--

**TERMS:** Net due upon receipt of invoice  (For approved/rated account use only)

**Payment Method:**

Check #  (enclosed)                       VISA/MASTERCARD (see below)

To pay by VISA/MC: - Fill out the information below and return this form via FAX to: **(415) 899-1884**  
 Please use very large and legible block lettering when returning the form via fax to insure clear transmission.

VISA     M/C    Acct. #  -  -  -

Exp. \_\_\_\_\_ / \_\_\_\_\_ Bank \_\_\_\_\_

I authorize AS&VE to bill my credit card for this order.                      Exact name as it appears on your credit card

For billing: I promise to pay any and all invoices according to the terms above.

**X** \_\_\_\_\_  
 Signature (required)