

SafetyKnife.com-ORDER FORM

Fax completed form to (206)-222-2916

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 Souther California from Square1, our company at that location. PLEASE NOTE: Credit Cards are processed by Square 1
Please call (866)-975-6936 if you have questions. **FAX Printed FORM to (206)-222-2916**