

EMERGENCY ACCESS SYSTEMS, INC.

WWW.EASKEYBOX.COM

2025 Order Form #4

Prices valid thru 12/31/2025 (Please call for prices thereafter)

AUTHORIZATION / ORDER FORM

SOLD T	O: E	Pate:	Section 1	SHIP TO: (Street Addres	s ONLY - No P.O. Bo	x) Section 2
Compan	y:			Company:		
Street:				Street:		
City/State: Zip:				City/State:		
Contact	Person:			Contact Person:		
				Phone: ()		
INSTALLATION ADDRESSES Section 3 (Required by Fire Department)			PAYMENT INFORMATION Sec		Section 4	
List street	t addresses where	box will be installed.	□ Visa □ Mastercard Card Verification code: Card Billing Address #'s (Last 3 digits on back of card) Street or P.O. Box #: Zip Code:		f card)	
Bldg. Nan	ne:		Street or	P.O. Box #:	Zip Gode:	
Street:						
City:			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.)			
	18		Scott F. Duffy Section 5			
	Hung Mounted		AUTHORIZED FIRE AGENCY SIGNATURE			
1 or 2 ke	y capacity	S	ROCKLAND FIRE DEPARTMENT			
	2	1000 Surface Mounted 1 or 2 key capacity				
			FIRE DEPARTMENT			
SINGLE FAMILY RESIDENTIAL USE ONLY						
Qty.	Stock #		m Descrip	tion	Price Ea.	Total
	1000DH	Door Hung Mount			170 00	

Door Hung Mount 179.00 1000 Surface Mount 175.00 All Sales & Shipping is now taxable in RI when orders are shipped to RI addresses Shipping & Handling is \$23.00 per unit Shipping & Handling Please add a convenience fee of 3.5% when using a credit card SUBTOTAL FOR FIRE Dept. USE ONLY RI Sales Tax 7% Make check payable to: Emergency Access Systems, Inc. Check here if products ordered 3.5% Convenience Fee \$ Send this form with payment to: on this form must be **SUBMASTERED** EAS, Inc., P.O. Box 1811, Kingston, RI 02881 \$ **TOTAL** Add \$9.00 to EACH item ordered

PLEASE CALL FOR INFORMATION ON RETURN WARRANTY POLICIES

Email: easkeybox@aol.com

Tel: 401-295-7707 OR FAX: 401-295-7708

www.easkeybox.com