

# TriTeq Order Form

## BILLING INFORMATION

Title:

Company name:

Phone:

Fax:

Purchase order:

Company address:

City:

State:

ZIP Code:

Email address:

## SHIPPING INFORMATION

Ship to address:

City:

State:

ZIP Code:

Attention:

Telephone:

Fax:

E-mail:

Credit card account number (Visa/MC only):

Security code:

Expiration date:

Expected delivery date:

Ship via UPS (*circle one*):    Ground    2<sup>nd</sup> day    Next day early    Next day standard

## ORDER INFORMATION

Item(s) description and quantity (refer to product listing)

**When ordering keys, please specify key codes**

Item(s):

## AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.

## SIGNATURES

Title:

Date:

**Return to TriTeq via fax: 847-640-7008 or email: [sales@triteqlock.com](mailto:sales@triteqlock.com)**

[www.triteqlock.com](http://www.triteqlock.com)