



SAFE & SOUND BREATHALYZER ORDER FORM & INVOICE

ORDER DATE: _____

REQUIRED BY: _____

BILLING INFORMATION

AGENCY
CONTACT
ADDRESS
CITY, STATE & ZIP
PHONE
EMAIL

SHIPPING INFORMATION (if different than billing)

AGENCY
CONTACT
ADDRESS
CITY, STATE & ZIP
PHONE
EMAIL

PAYMENT INFORMATION

Payment must accompany order. Checks should be made payable to: *Safe & Sound LLC.*

CHECK	CREDIT CARD	VISA	MASTERCARD
Account Number:	<input type="text"/>	Expiration Date:	<input type="text"/>
Name on Card:	<input type="text"/>	Security Code:	<input type="text"/>
Signature:	_____		

PRODUCT INFORMATION

Breathalyzers must be ordered in increments of 100. Minimum order is 1 box of 100 units.

QUANTITY	SKU	DESCRIPTION	COST	TOTAL
	IACPF	Single Use Breathalyzers	\$	\$
		Shipping & Handling (\$10/Box)	\$ 10.00	\$
Order Total				\$

Orders will be shipped via FedEx Ground and should arrive within 3-5 business days.

PRICING INFORMATION

MEMBER		NON-MEMBER	
Orders less than 1,000 quantity:	\$ 3.50 Each	Orders less than 1,000 quantity:	\$ 4.00 Each
Orders more than 1,000 quantity:	\$ 3.25 Each	Orders more than 1,000 quantity:	\$ 3.75 Each

SEND ORDER FORMS TO:

INDIANA ASSOCIATION OF CHIEFS OF POLICE FOUNDATION (IACPF)

10293 North Meridian Street, Suite 175 | Indianapolis, IN 46290

FAX: (317) 816-1633 | **EMAIL:** info@iacop.org