

KIDSAFE ID SUPPLY LIST

Company: _____ Contact: _____

Address: _____

City: _____ State/Province _____ Zip/Postal Code _____

Telephone _____ Email: _____

| <u>Quantity</u> | <u>Price</u> | <u>Total</u> | <u>S&H</u> |
|--|--------------|--------------|----------------|
| <u>Desk-Top Labels & Card Backs</u> | | | |
| 300 | \$ 23.10 | \$ _____ | \$ 12.35 |
| 500 | \$ 38.65 | \$ _____ | \$ 12.35 |
| 1000 | \$ 76.50 | \$ _____ | \$ 12.35 |
| <u>Desk-Top Labels</u> | | | |
| 300 | \$ 5.40 | \$ _____ | \$ 4.95 |
| 500 | \$ 8.90 | \$ _____ | \$ 4.95 |
| 1000 | \$ 17.50 | \$ _____ | \$ 4.95 |
| <u>Desk-Top Card Backs</u> | | | |
| 300 | \$ 17.70 | \$ _____ | \$ 12.35 |
| 500 | \$ 29.75 | \$ _____ | \$ 12.35 |
| 1000 | \$ 59.00 | \$ _____ | \$ 12.35 |
| <u>Fingerprint / DNA Kit Sets</u> | | | |
| 50 | \$75.00 | \$ _____ | \$ 12.35 |
| 100 | \$115.00 | \$ _____ | \$ 12.35 |
| 250 | \$250.00 | \$ _____ | \$ 12.35 |

| <u>Quantity</u> | <u>Price</u> | <u>Total</u> | <u>S&H</u> |
|---|--------------|--------------|----------------|
| Monthly Subscription | | \$29.99 | N/A |
| Annual Subscription (\$60.00 Savings) | | \$299.99 | N/A |
| Comp. Imp. Kit | | \$35.00 | \$9.80 |
| (Implementation Kit includes: 2 Wall Posters, 10 Family Flyers, Card Samples, FP & DNA Kit Samples) | | | |
| <u>Wall Poster</u> | | | |
| _____ | \$11.95 ea. | \$ _____ | \$4.95 |
| <u>4 Color Event Banner (3'X 9')</u> | | | |
| _____ | \$199.00 ea. | \$ _____ | \$19.60 |

Payment Information: Check Enclosed Credit Card (fill in information below)

If credit card, check one: Mastercard Visa American Express Discover

Card number: _____ Exp. Date: _____

Billing Address _____

Card Code _____ Signature _____

Subtotal \$ _____

Tax (7.75) \$ _____

CA Only

S&H Total \$ _____

Balance \$ _____

Please makes checks payable to KIDSAFE ID. Return Order form to:

**KIDSAFE ID
46 Third Avenue, Suite F
Chula Vista, CA 91910
or fax to 619-739-4744**