

# DATAWATCH SYSTEMS

## Card/Key Order Form

Company Name:			
Billing Address:		Ship To: (if different)	
City:		City:	
State:	Zip:	State:	Zip:
Street Address Where Cards will be used (If different from Shipping Address):			
Authorized By:		Signature	
Phone Number:		Fax Number:	

### Card/Key Information:

*ORDERS UNDER THE MINIMUM MUST BE PURCHASED WITH CREDIT CARD OR IN ADVANCE *				
Item	Price	Quantity	Totals	
Insert Key	Minimum 5	\$11.00	_____	\$0.00
Swipe Card	Minimum 5	\$11.00	_____	\$0.00
<b>Proximity Card</b>	<b>Minimum 5</b>	\$9.00	_____	\$0.00
Key Fob	Minimum 5	\$13.00	_____	\$0.00
Metal Key; Code #	Minimum 5	\$7.00	_____	\$0.00
Lanyards	Minimum 10	\$2.00	_____	\$0.00
Chains	Lot of 50	\$40.00	_____	\$0.00
Clear Straps (Clips)	Lot of 100	\$20.00	_____	\$0.00
Badge Holders	Lot of 50	\$60.00	_____	\$0.00
Badge Reel/Clip	Lot of 25	\$50.00	_____	\$0.00
Garage Clickers	no minimum	\$40.00	_____	\$0.00
<b>Delivery Options</b>			Sub Total:	\$0.00
Regular Mail:	\$5.00	<input type="checkbox"/>	Sales Tax:	_____
Same Day Delivery:	\$20.00	<input type="checkbox"/>	Shipping Handling:	_____
Customer Pickup:	N/C	<input type="checkbox"/>	Total Amount Due:	_____
Bill to Customer:				
DHL Acct #		_____		
Fed Express Acct #		_____		

### Sales Tax Information

Virginia	4.50%	Maryland	5%
Florida	6.00%	N.J.	6%
		District Of Columbia	5.75%
		North Carolina	6%

### Billing Information

Type of Payment:	<input type="checkbox"/> Company Check	<input type="checkbox"/> Credit Card
	<input type="checkbox"/> Other:	<input type="checkbox"/>
Purchase Order Number:		
Credit Card:(please circle one) <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express	Card Number:	Expiration Date
Name on Card:	Authorized Signature:	
Credit Card Authorization number:		
Time:	Date:	

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