

PRODUCT ORDER FORM

| DATE: | <u> </u> | | | | |
|---------------------------------|--|---------------------|-----------------------|-------|--|
| NAME: | | _ | | | |
| ***(Person Responsible for Paym | ***(Person Responsible for Payment)*** | | PHONE#: OFFICE ID: | | |
| OFFICE NAME: | | | | | |
| ADDRESS: | | | | | |
| | | | | | |
| | CODE | QTY | PRICE/UNIT | TOTAL | |
| Box Serial Number - | IBOX | | \$99.00 | | |
| ASSIGN LOCKBOX TO: OFFICE OR N | IEMBER NA | ME | | | |
| | | | | | |
| SHACKLE CODE: | | | | | |
| ITEM | CODE | QTY | PRICE/UNIT | TOTAL | |
| Box Replacement Key Container | | | \$9.99 | | |
| · · | | | | | |
| MISC | MISC | | | | |
| | | | | | |
| | | | | | |
| | HANDLING SHIPPING CHARGE | | | | |
| | | | | | |
| | | TAX | | | |
| | | Total (including | | | |
| Pick up at GLVR | | tax) | | | |
| Ship order (additional fee) | | | | | |
| To Be Billed (View & Pay Onli | ne at: https:// | ims.glvr.o | rg) | | |
| **Signature of Person Responsib | le for Paymen | t ** | | | |
| Broker Signature | e: | | | | |
| 0 | | | | | |
| Agent Signature | e: | | | | |