







Rapid Entry System Order Form

This form must be filled out completely or your order will be delayed.

1. Orders must be prepaid.
2. Fill in your billing and shipping address.
3. Contact your fire department for their system code.
4. Submit order via:

Mail: Kidde Safety, 1016 Corporate Park Drive. Mebane, NC 27302

All Kidde Safes come with black polyester textured powder paint, wall anchors and bolts. Optional through-wall mounting kits are recommended for non-recessed units for higher security.		QTY.	PRICE	TOTAL
 SupraSafe 2HS Heavy Duty — 1/4" steel walls & door 5"H x 4"W x 3-1/4"D	SupraSafe 2HS			
	SupraSafe 2HS/TS Tamper switch connects to building alarm			
	SupraSafe 2HS/TS through-wall mounting kit			
 SupraSafe 2HSR Heavy Duty — 1/4" steel walls & door 5"H x 4"W x 3-1/4"D with 7" x 7" flange	SupraSafe 2HSR			
	SupraSafe 2HSR/TS Tamper switch connects to building alarm			
	SupraSafe 2HSR/TS (recessed mounting kit for masonry or concrete walls)			
 SupraSafe 1 (1 to 2 keys only) 1/8" steel walls & door Tamper switch not available on this model. 3"H x 4"W x 2"D	SupraSafe 1			
	SupraSafe 1 through-wall mounting kit			
 Supra Max (for residential use only) Durable zinc alloy construction 3-5/8"H x 4-5/8"W x 2-1/8"D	Supra Max with door mount hanger			
	Supra Max wall mount			
	Supra Max through-wall mounting kit			
Accessories: Additional fire alert decals (one provided with every lock box)				
			Subtotal	
Fire Department Rapid Entry Systems Ordering Instructions 1. All Lock Boxes are shipped without keys. Contact the Fire Department for information concerning keys and lockup. Mounting instructions for Lock Boxes included with your order. Allow approximately 2-3 weeks for delivery. 2. Please contact your fire department for specific instructions on where to mount the Lock Box.			Processing & Handling: 1 unit \$10 2-4 units	
			Add state and local sales tax for ship-to address (If tax-exempt, must include Tax Exempt Form or Resale cert.)	
			Grand total	

Registered Fire Department information:

Dept. Name: _____
 City/State/Zip: _____
 Dept. System Code: _____
 Authorized Signature: _____
 (May be required, check with Fire Department)

Ship to:

Company/Name: _____
 Physical Street Address: _____

 City/State/Zip: _____
 County: _____
 Attention: _____
 Phone: _____
 PO Number: _____