



KASTLE SYSTEMS CARD EXPRESS

6402 Arlington Boulevard
 Falls Church, VA 22042
 P 703.524.7911 F 703.247.0217

CARD/ KEY ORDER FORM
 or order online through Web Link
www.kastle.com

REVISED 3/3/14

FOR USE AT

SHIP TO (if different)

COMPANY NAME:			COMPANY NAME:		
ATTN:			ATTN:		
ADDRESS:			ADDRESS:		
SUITE/FLOOR:			SUITE/FLOOR:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE:		FAX:	PHONE:		FAX:

Please send me order confirmation via email: **EMAIL ADDRESS:**

ITEM		EACH		QTY		TOTAL
ACCESS CARDS		Minimum Order 4	\$8.00	x	=	\$
INSERT-KEYS		Minimum Order 4	\$10.00	x	=	\$
KASTLE PHONETAG		Black or White Minimum 1	\$12.00	x	=	\$
PROXIMITY CARDS		Minimum Order 4	\$10.00	x	=	\$
PHOTO-READY PROXIMITY CARD(ID)		Minimum Order 50	\$10.00	x	=	\$
DUAL TECH CARDS		Minimum Order 4	\$13.00	x	=	\$
KEY FOBs		Minimum 1	\$12.00	x	=	\$
SECURITY KEYS		Minimum Order 4	\$9.00	x	=	\$

SECURITY KEY #: _____ **SUITE #:** _____

Please allow 4-6 weeks for standard delivery

TO RUSH YOUR SECURITY KEY ORDER ADD \$0.50 PER KEY	\$0.50	x	=	\$
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Accessories such as: card clips, chains, slot punchers, 3-color printer ribbons or printer test cards are available by request.

<p align="center">METHOD OF PAYMENT:</p> <p><input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CHECK</p> <p>CREDIT CARD : <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express</p> <p>Credit Card # _____ Exp. Date: ____/____/____</p> <p>Name on Card: _____</p> <p>Credit Card Billing Address:</p> <p>_____</p> <p>_____</p> <p>Authorized Signature: _____</p> <p>Phone: _____ Email Address: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>SUB TOTAL:</td> <td>\$</td> </tr> <tr> <td>HANDLING:</td> <td>\$ 7.00</td> </tr> <tr> <td>TAX: DC add 5.75% MD add 6% VA add 6%</td> <td>\$</td> </tr> <tr> <td>TAX ID # (IF EXEMPT)</td> <td></td> </tr> <tr> <td>TOTAL:</td> <td>\$</td> </tr> </table> <p><small>* All prices subject to change without notice</small></p> <p><small>* Prices Effective 10/2009</small></p> <p><small>* Only pre-paid orders accepted</small></p> <p><small>* Defective cards/keys will be replaced at no charge if returned within 90 days of the date of purchase</small></p>	SUB TOTAL:	\$	HANDLING:	\$ 7.00	TAX: DC add 5.75% MD add 6% VA add 6%	\$	TAX ID # (IF EXEMPT)		TOTAL:	\$
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COMPANY NAME:			COMPANY NAME:		
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ADDRESS:			ADDRESS:		
SUITE/FLOOR:			SUITE/FLOOR:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE:		FAX:	PHONE:		FAX:
Please send me order confirmation via email: <input type="checkbox"/> EMAIL ADDRESS:					

ITEM		EACH		QTY		TOTAL
CARD CLIPS	Minimum Order 500	\$0.17	x		=	\$
CARD CHAINS	Minimum Order 500	\$0.26	x		=	\$
TABLE SLOT PUNCHER	Minimum 1	\$550.00	x		=	\$
HAND SLOT PUNCHER	Minimum 1	\$80.00	x		=	\$
3- COLOR PRINTER RIBBON	Minimum 1	\$80.00	x		=	\$
PRINTER TEST CARDS	Minimum Order 100	\$0.16	x		=	\$
GARAGE CLICKER	Minimum Order 10	\$45.00	x		=	\$
PROX PASS	Minimum Order 10	\$30.00	x		=	\$
PRINTER LABELS	Minimum 1	\$35.00	x		=	\$
PHOTO OVERLAYS	Minimum 1	\$75.00	x		=	\$

METHOD OF PAYMENT:

CASH MONEY ORDER CHECK

CREDIT CARD : Visa Master Card American Express

Credit Card # _____ **Exp. Date:** ____/____/____

Name on Card: _____

Credit Card Billing Address:

Authorized Signature: _____

Phone: _____ **Email Address:** _____

Date of Order: / /

SUB TOTAL:	\$
HANDLING:	\$ 7.00
TAX: DC add 5.75% MD add 6% VA add 6%	\$
TAX ID # (IF EXEMPT)	
TOTAL:	\$

* All prices subject to change without notice. Prices Effective 06/10/2005
 * Only pre-paid orders accepted
 * Defective cards/keys will be replaced at no charge if returned within 30 days of the date on the package
 * MicroProx Adhesive Tags are single application devices. Removal of the Tag once it has been affixed could damage the internal components. Once the adhesive has been used, the MicroProx Adhesive Tag is no longer under warranty