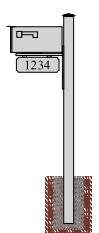
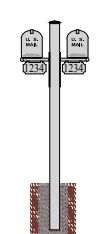


Bill To Information:

Name: _____
Address: _____
Phone: _____
Email: _____
P.O. #: _____
Date: _____

Ship To / Installation Location Information: (Same as "bill to" unless noted below)

Name: _____
Address: _____
Phone: _____
Email: _____

	<u>Unit Cost</u>	<u>Total Cost</u>	
QTY: _____ Pro Atlantic Front Single Curbside Mailbox System QTY 1 - PRO-ATL-FS-4SQ-BLKSD QTY 1 - TSB12-BLKSD QTY 1 - SCS-1018-BLKSD Address Numbers: 2 Sets - VN3 - 3" Gold Reflective Vinyl Numbers - Times New Roman Font - Address Numbers: _____	\$257.00	\$ _____	
QTY: _____ Pro Atlantic Side Double Curbside Mailbox System QTY 1 - PRO-ATL-SDBL-4SQ-BLKSD QTY 1 - TSB12-BLKSD QTY 2 - SCS-1018-BLKSD Address Numbers: 1 Set Per Address Plaque - VN3 - 3" Gold Reflective Vinyl Numbers - Times New Roman Font - Address Numbers: _____ - Address Numbers: _____	\$366.00	\$ _____	
SELECT DELIVERY & INSTALLATION OPTION			
QTY: _____ Standard Processing with "Do It Yourself" Installation - Ships in approximately 3 weeks	\$75.00	\$ _____	
QTY: _____ Standard Processing with Professional Installation - Ships in approximately 3 weeks (will contact to schedule installation) - Assembly of new unit & installed in concrete footer (numbers applied) - Not Included: Disposal of existing unit	\$110.00	\$ _____	
QTY: _____ Rush Order & Quick Ship with "Do It Yourself" Installation - Ships in approximately 3 - 4 business days	\$120.00	\$ _____	
QTY: _____ Rush Order & Quick Ship with Professional Installation - Ships in approximately 3 - 4 business days (will contact to schedule installation) - Assembly of new unit & installed in concrete footer (numbers applied) - Not Included: Disposal of existing unit	\$230.00	\$ _____	
		\$ _____ Subtotal	
		\$ _____ Sales Tax - 8.5%	
		\$ _____ Grand Total	

To order, please complete the required information, sign, date and either: Fax to: 724-537-9313 or email to: customerservice@forsite.us
If you have any questions or need additional product information contact customer service at 1-855-537-0200.

Pricing valid through June 30, 2022

PAYMENT METHOD - Please select Credit Card or Check and complete all information below

____ Credit Card - Please complete the credit card information section.

Credit Card Number _____

Expiration Date: ____ / ____ / ____

Security Code _____ (VISA, MASTERCARD - 3 digit code on the back of the card);
(AMERICAN EXPRESS - 4 digit code on the front of the card):

Name on card: _____

Signature of Card Holder _____ Date _____

____ Check - Order will not be placed into production until receipt of payment.

Check Number: _____

Approval Signature _____ Date _____

Please send check to:

Forsite
P.O. Box # 51402
Jacksonville, FL 32240

INTERNAL NOTES:

____ Shipped Directly To Customer _____ Installer

____ Pulled From Stock In Tampa Warehouse _____ / ____ / ____ Target Installation Date

____ Ship Products To Tampa Warehouse

Form Number: 24951

QN: TW1757RREV4

Form Revision Date: 01/13/2021