



SAFER LOCK KIT ORDER FORM

Date: _____	PO# _____
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Billing Information	Shipping Information
Account Name: _____	Ship To: _____
Contact: _____	ATTN: _____
Billing Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____	Phone: _____
email: _____	

✓	KIT #	MAKE	MODEL(S)	MSRP	QTY
<input type="checkbox"/>	SAFER-IVC	Invacare	Tracer EX2/SX5, 9000 SL, 9000 XDT, Dual Axle 9000 XT		
<input type="checkbox"/>	SAFER-IVC-RC	Invacare	Tracer SX5 Recliner		
<input type="checkbox"/>	SAFER-IVC-T4	Invacare	Tracer IV		
<input type="checkbox"/>	SAFER-IVC-SL	Invacare	Single Axle 9000 XT *Super Low/Hemi WITH Space Saver Arms*		
<input type="checkbox"/>	SAFER-BR-U4	Sunrise/Breezy	Ultra 4 *WILL NOT FIT ULTRA HEMI		
<input type="checkbox"/>	SAFER-BR-600	Sunrise/Breezy	Breezy 600 *WILL NOT FIT ULTRA HEMI		
<input type="checkbox"/>	SAFER-MED	Medline	Excel K1, Excel K2, Excel K3 Lightweight		
<input type="checkbox"/>	SAFER-MED-K4	Medline	Excel K4 Lightweight		
<input type="checkbox"/>	SAFER-DRV	Drive	Sentra EC		
<input type="checkbox"/>	SAFER-DRV-C3	Drive	Cruiser III		
<input type="checkbox"/>	SAFER-DRV-GT	Drive	Viper Plus GT		
<input type="checkbox"/>	SAFER-SS2-NVA	Drive	Silver Sport 2		
<input type="checkbox"/>	SAFER-SS2-NVA	Nova	5000 Series Steel		

Email Orders: saferlock@att.net Phone Orders: 601-353-3193 x 215 Fax Orders: 601-353-0411