



Advanced Safety Devices
 9140 Jordan Avenue
 Chatsworth, CA 91304
 Tel: 818.701.9200
 Fax: 818.701.9220

REQUEST FOR WHOLESALES PRICING

Date: _____

RFQ #: _____

Company Information
Company Name: _____
Federal Tax ID (EIN): _____
Buyers Name: _____
Street: _____
City: _____ State: _____
Zip Code: _____ Country: _____
Phone #: () _____ Fax #: () _____
Email Address: _____
Company Website: _____
Check One: Corporation () Sole Proprietor ()

Type of Sales
<input type="checkbox"/> Distributor () <input type="checkbox"/> Retail ()
<input type="checkbox"/> Online Sale () <input type="checkbox"/> Filling a bid ()
<input type="checkbox"/> Armed Forces () <input type="checkbox"/> Procurement ()
<input type="checkbox"/> Government () <input type="checkbox"/> Non Profit ()
<input type="checkbox"/> OEM ()
Method of Payment:
<input type="checkbox"/> Term () <input type="checkbox"/> DoD WAWF ()
<input type="checkbox"/> Credit Card ()
<input type="checkbox"/> Wire Transfer ()
<input type="checkbox"/> C.O.D ()

Products of Interest

Product 1: _____ Quantity: _____ per Order () Per Mounth ()

Product 2: _____ Quantity: _____ per Order () Per Mounth ()

Product 3: _____ Quantity: _____ per Order () Per Mounth ()

Product 4: _____ Quantity: _____ per Order () Per Mounth ()

If open line of credit above \$5,000.00 is desired, please include a copy of your credit references and your most recent financial statement. To eliminate delays in processing your request, please answer all questions asked. If you intend to resale online, you must provide us with your website address.

_____/_____/_____/_____

SIGNATURE (PRINT NAME) TITLE DATE

PLEASE FAX THIS FORM TO: 818.701.9220