Desert Shield Personal Safety
Invoice/Order Form

QUANTITY	SKU#	PRODUCT DESCRIPTION	PRICE EACH	TOTAL

Name _____
Address _____
City _____ State _____ Zip _____
Phone (_____) _____
E-mail: _____

Method of Payment: (Make money orders / cashiers checks payable to: **Desert Shield Personal Safety**. No personal checks or cash will be accepted).

Check one:

☐ Money Order ☐ Cashiers Check ☐ PayPal* ☐ Visa ☐ MasterCard
☐ Discover ☐ American Express

Credit Card #:_____ Exp:__/__/____
CVV2 #: ___ (Three digit code on back of card. Four on front of Amex)
Customer Signature: _____
*If you are paying with PayPal (www.paypal.com), please submit to:
dspspaypal@msn.com (Be sure to include SKU #s from website/catalog and your phone #)

SUBTOTAL	
Shipping	**FREE**
Add 8.1% Sales Tax for Orders Shipped to or Delivered in AZ	
TOTAL PAID	

*Please allow 7-10 business days for delivery of your order depending on availability.

Disclaimer: **It is the responsibility of the buyer and not *Desert Shield Personal Safety* to ascertain and obey all applicable laws in regard to the possession and use of our products. Absolutely no sales to minors. By placing an order, the buyer represents that all products purchased will be used in a lawful manner and that he/she is of legal age.**

Mailing Address:

Desert **S**hield **P**ersonal **S**afety
PO Box 7926
Tempe, AZ 85281-7926

info@desertshieldpersonalsafety.com
www.Desert**S**hield**P**ersonal**S**afety**.com**

PLEASE SEND A COPY WITH YOUR PAYMENT
KEEP A COPY FOR YOUR RECORDS