



Fire Fyter Sales
 540 Good rich Road
 Bellevue, OH 44811
 PH: (419) 483-4852
 PH: (419) 483-5107
 Office Hours: 9am-3pm

Safe Combination Key Replacement Service Parts Request

Date _____

Directions: Please PRINT all information clearly to avoid delays in processing your request

All Sales are FINAL

Step 1: Fill out ALL information below neatly

Step 2: Include \$35.00 service fee. (Payable by check or credit card. CC payments include \$1.33 cc processing fee)

Step 3: Return this document to FireFyter Safes using one of the following methods:

Mail to address shown above or

Scan and E-mail to:
 sales@centersafes.com

Statement										
I, _____ (Safe holder Signature)	am the true owner of a Fire Fyter Safe and I am REQUESTING (Check all that apply)									
Keys <input type="checkbox"/>	Combination <input type="checkbox"/>									
Service Parts <input type="checkbox"/>	<table border="1"> <tr> <td colspan="3">Please CHECK to indicate the method to return combination</td> </tr> <tr> <td>Mail <input type="checkbox"/></td> <td>Email <input type="checkbox"/></td> <td>Phone <input type="checkbox"/></td> </tr> <tr> <td colspan="3">Please note that all keys will be automatically mailed to address below</td> </tr> </table>	Please CHECK to indicate the method to return combination			Mail <input type="checkbox"/>	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Please note that all keys will be automatically mailed to address below		
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Mail <input type="checkbox"/>	Email <input type="checkbox"/>	Phone <input type="checkbox"/>								
Please note that all keys will be automatically mailed to address below										
Parts requested: _____										

Required information: (Please PRINT clearly) The following information will be used to provide you with your request

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Safe Information: (Please PRINT clearly)

Model Number _____ (Usually located on front of safe, i.e. FF305)

Serial Number _____ (Located on outside, right hand side near top hinge on round disk)

Key Hole Number _____ (Located on front FACE of keyhole)

Payment Total: \$35.00 Payable by check or credit card - Credit card payments add \$1.33 for processing
 Make all checks payable to: Fire Fyter Safes

Check Payment Visa MasterCard Discover American Express

Credit Card Number _____ Exp. Date: ____/____

Response Time: We try to complete requests within 3 to 5 days. Response time does NOT include weekends or mail transit and will be delivered as specified above.