



SANIGEAR

ACCOUNT SET-UP

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sanigear.ca

FIRE DEPARTMENT/COMPANY:

NUMBER OF FIRE FIGHTERS:

VOLUNTEER

COMPOSITE

FULL TIME

MAIN CONTACT:

TITLE:

PHONE:

EMAIL:

SECONDARY CONTACT:

TITLE:

PHONE:

EMAIL:

SEND QUOTES TO:

(if different from above)

TITLE:

PHONE:

EMAIL:

BILLING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

SHIPPING ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

THRESHOLD AMOUNT: \$

DATE:

Repair Threshold: We hereby authorize Sani Gear to complete required repairs up to the amount in the space above, per garment, before we are to be contacted and permission requested for any additional repair. Threshold Amount Excludes: Cleaning, Testing & Inspection.

AUTHORIZED SIGNATURE:

EMAIL FOR INVOICES TO BE SENT TO:

Instructions for suits 9+ years old:

- Send quote to contact e-mail for approval on repairs & await further instructions.
- Do not quote or repair suit. Send suit back with note to decommission.
- Do not quote or repair suit. Donate suit on our behalf. Contact on file will be notified of donation.
- Other: _____

SPECIAL INSTRUCTIONS:

INTERNAL - DO NOT COMPLETE

TYPE OF PRICING:

REGULAR/TENDERCLEANING:

TESTING:

INSPECTION:

ACCESSORIES:

FREIGHT:

REPAIR:

LENGTH OF CONTRACT:

COMMENTS FOR BILLING: