



ORDER / PAYMENT

LAW ENFORCEMENT / FIRE SERVICE/ RESCUE ORDER FORM

This statement is certification that I,

(print name) _____

am a law enforcement officer, fire, military or rescue agency personnel (Active or Retired w/ honorable service).

(print name of agency /department) _____

I further certify that I will comply with all Federal / State / Local regulations & restrictions, that this drone will not be transferred or resold and that **I have read the Terms & Conditions for Online Sales at LEDrones.org and acknowledge that I intend to be legally bound by them. LE Drones strongly recommends that ALL Customers purchase liability insurance for their UAS.**

Name: _____

Rank or Title: _____

Agency/Department: _____

Phone: _____ Extension: _____

Model Being Purchased: _____

Price Per Model: _____

Purchaser's E-Mail: _____

Signature _____ Date: _____

Office Use Only

Confirmed Date: _____

ORDER# _____

Ship Date: _____

Dept: _____

Phone: _____

PAYMENT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Payment Type Visa Mastercard Net 30 CHECK Request Payment Gateway Link

Card Number: _____ Verification Code: _____ Expiration Date: _____

Name as it appears on the credit card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Alternate Telephone: _____

ADDITIONAL INFOR MAY BE REQUIRED. INCLUDE A COPY OF YOUR LAW ENFORCEMENT/ FIRE / MIL / RESCUE ID

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