TRACcess[™] Electronic Rapid Entry System

Fast Access to Property without Damage

Firefighters can investigate an alarm or reported fire without damaging the building or risking injury. They simply obtain the keys to your building from a high-security lockbox, eliminating the need to force open a door or window. After hours, fire department access is fast and safe, without requiring the building owner or tenant to be on site.

Peace of Mind for Property Owners

TRACcess lockboxes are safe and may only be opened by authorized users.

- UL-listed TRACcess lockboxes resist attack and vandalism
- Complete audit trail each time a lockbox is accessed
- Only the registered Fire Department can operate master keys

TRACcess padlocks may also be purchased for perimeter gates, industrial equipment yards, and storage areas.

How to Order

Complete all sections on the following page.

Submit completed order form via:

Mail: Supra • 4001 Fairview Industrial Dr SE • Salem, OR 97302

Fax: 503-589-8989

Email: customerservice.commercial@carrier.com









Fire Department Rapid Entry Order Form

Specify Quantity & Total Amount

ITEM	PART	DESCRIPTION	QTY.	PRICE	TOTAL
TRAC-Vault - Surface Mount 5.5"H x 4.5"W x 3.6"D	002200	TRAC-VAULT BT Smart L		\$458.00	\$ 0.00
	002173	TRAC-VAULT BT Smart L/TS		\$483.00	\$ 0.00
	002177	TRAC-LID BT Smart - Lid Only		\$314.00	\$ 0.00
	60466-00	All-Thread Mount Kit (Through-wall)		\$24.00	\$ 0.00
	60465-00	Pole Mount Kit (U-Bolt)		\$20.00	\$ 0.00
TRAC-Vault - Recessed Mount 5.5"H x 4.5"W x 3.6"D (w/ flange 7" x 7")	002203	TRAC-VAULT BT Smart LR		\$584.00	\$ 0.00
	002202	TRAC-VAULT, BT Smart LR/TS		\$604.00	\$ 0.00
	454000	Recessed Mounting Kit		\$189.00	\$ 0.00
Accessories	001725	Fire Department Alert Label		\$7.00	\$ 0.00
					\$ 0.00
Enter Registered Fire Department Information					*EXTRA
*Dept. Name: Bordentown Fire Department Phone: 609-298-5375	Shipping & handling per lock box **E				**EXTRA
City/State: Bordentown, NJ	Total* \$ 0.00				\$ 0.00
*Dept. Number: 2147680-6556113 *Required Complete Order Information		*Applicable taxes will ** Shipping		Prices are sub sed as required ing costs are b	d per state la
Drdered by: (must match credit card billing address	;) Ship	to:			
Company:	Company:				
Street Address:	Physical Street Address:				
	City/State/ZIP:				
Dity/State/ZIP: Attention: Phone:		tion:			

Installation Address

Pay by Credit Card 🔲 or Check 🗌

To safeguard your information and provide tax and shipping costs, customer service will contact you within two (2) business days of receipt of your order for processing.

4 Sign Participation Agreement

First Name (please print)

Last Name (please print)

Date

Physical Street Address: _____

Location of lockbox on building:

City/State/ZIP: _____

Signature

Email:____

Submit Mail: 4001 Fairview Industrial Drive, Salem, OR 97302 FAX: 503-589-8989 Email: customerservice.commercial@carrier.com

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