

High Security Key Order Form

File #: _____

SINCE 1901



1795 Welton Street
Denver, CO 80202
Fax: 303-292-9743

1123 Delaware Street
Denver, CO 80204
Fax: 303-573-9099

7255 S. Havana
Centennial, CO 80112
Fax: 303-708-0104

15 S. Wahsatch Ave
C Springs, CO 80903
Fax: 719-465-5757

I, _____ personally and our company _____
acknowledge receipt of the following _____ key(s)...

Quantity*	Key ID*	Location (if you have more than one)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do understand that it is the property of _____ (company*) and shall be returned at their request.

In addition, I/we understand that we are individually and jointly responsible for the loss of this key and any related damages caused by the loss of this key.

I the undersigned below, accept this responsibility and I am authorized to accept liability for the company I represent.

Company:* _____

Your Name (Print):* _____

Ship to Address*: _____

Signature:* _____

City, State, Zip*: _____

Date:* _____

Phone:* _____

This form **MUST BE FILLED** out for **EVERY** High Security Key (non-Medeco) restricted key order. Signatures will be verified and then orders will be available for pick-up, courier or UPS **ONLY**.

Please Indicate Shipping & Payment Method:*

- Pick up at Welton
- Pick up at Delaware
- Pick up at DTC
- Pick up at Colo Springs

- UPS Welton (\$9.00)
- UPS Delaware (\$9.00)
- UPS Colo Springs (\$9.00)
- COD

- Courier Welton (\$6.50 & up)
- Courier Delaware (\$6.50 & up)
- Courier DTC (\$10.00 & up)
- Courier Colo Springs (\$10.00 & up)

* Required fields

BILL MY ACCOUNT

Contact with questions or concerns:

EMAIL: dispatch@mathiaslockandkey.com PHONE: 303-573-9000 or 719-434-3460
VISIT OUR WEBSITE TO DOWNLOAD THIS FORM: www.mathias-security.com/key-form.html