

Medeco 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 Medeco 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** Medeco/Medeco Keymark 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:*

- | | | |
|--|--|--|
| <input type="checkbox"/> Pick up at Welton | <input type="checkbox"/> UPS Welton (\$9.00) | <input type="checkbox"/> Courier Welton (\$6.50 & up) |
| <input type="checkbox"/> Pick up at Delaware | <input type="checkbox"/> UPS Delaware (\$9.00) | <input type="checkbox"/> Courier Delaware (\$6.50 & up) |
| <input type="checkbox"/> Pick up at DTC | | <input type="checkbox"/> Courier DTC (\$10.00 & up) |
| <input type="checkbox"/> Pick up at Colo Springs | <input type="checkbox"/> UPS Colo Springs (\$9.00) | <input type="checkbox"/> Courier Colo Springs (\$10.00 & up) |
| * Required fields | <input type="checkbox"/> COD | <input type="checkbox"/> 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