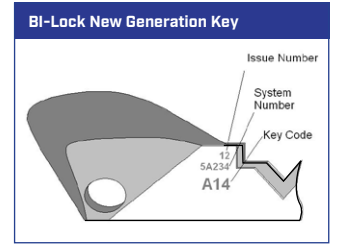
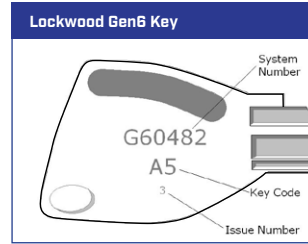


APARTMENT RE-KEY AUTHORITY FORM

All fields are mandatory and payment details must be provided.
 Return completed form to service@omegacorp.com.au



Master Key System information

Date: _____ Key System Number: *(this is engraved on all keys)* _____

Company Name / Individual: _____

Site Address: _____

Delivery Address
(if different to site address) _____

Suburb: _____ Post Code: _____

Contact Phone Number: _____

Quantity Required

Key No:	Qty:	Key No:	Qty:
_____	_____	_____	_____
Key No:	Qty:	Key No:	Qty:
_____	_____	_____	_____

Delivery Method

Registered Post \$13.00 Express Post \$20.50 Courier: POA

Be notified when ready for collection

Payment Details

CREDIT CARD	COMPANY ACCOUNT
Choose card type: <input type="checkbox"/> Visa / Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Diners Number: _____ Exp: _____ CCV: _____	Invoice to: <i>(Company Account Name)</i> _____ Omega Account Code: _____ Purchase Order # _____
INVOICE TO BE SENT WITH GOODS	INVOICE TO BE SENT TO COMPANY ACCOUNT HOLDER

Authorisation for keys to be cut

I hereby certify that I am registered as an authorised signatory for the above Master Key System, and I authorise Omega Security Solutions Pty Ltd to cut the above keys as required.

Authorised Signature: _____ Print Name: _____