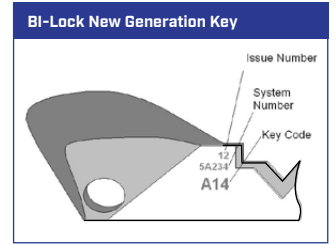
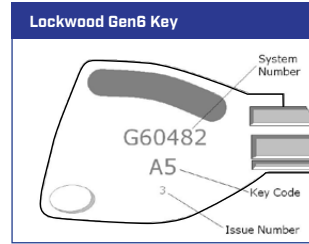


# RESTRICTED KEY REQUEST FORM

All fields are mandatory and payment details must be provided.  
 Return completed form to [keys@omegacorp.com.au](mailto:keys@omegacorp.com.au)



|                                      |                            |  |
|--------------------------------------|----------------------------|--|
| <b>Master Key System information</b> | Date:                      | Key System Number: <i>(this is engraved on all keys)</i> |
|                                      | Company Name / Individual: |  |
|                                      | Delivery Address:          |  |
|                                      | Suburb:                    | Post Code:   |
|                                      | Contact Phone Number:      |  |

|                          |         |      |         |      |
|--------------------------|---------|------|---------|------|
| <b>Quantity Required</b> | Key No: | Qty: | Key No: | Qty: |
|                          | Key No: | Qty: | Key No: | Qty: |

|                        |                                       |                      |              |
|------------------------|---------------------------------------|----------------------|--------------|
| <b>Delivery Method</b> | Registered Post \$13.00               | Express Post \$20.50 | Courier: POA |
|                        | Be notified when ready for collection |                      |              |

|                        |   |   |
|------------------------|---|---|
| <b>Payment Details</b> | <b>EFT PAYMENT</b>  | <b>CHEQUE</b>   |
|                        | Please provide us with an email address and a proforma invoice will be sent including banking details.  | Please send a copy of this completed form with cheque.  |
|                        | <b>CREDIT CARD</b>  | <b>COMPANY ACCOUNT</b>  |
|                        | Choose card type:<br><input type="checkbox"/> Visa / Master Card <input type="checkbox"/> Amex <input type="checkbox"/> Diners<br>Number: _____<br>Exp: _____                      CCV: _____ | Invoice to: <i>(Company Account Name)</i><br>_____<br>Omega Account Code:<br>_____<br>Purchase Order #<br>_____ |
|                        | <b>INVOICE TO BE SENT WITH GOODS</b>  | <b>INVOICE TO BE SENT TO COMPANY ACCOUNT HOLDER</b>   |

|   |   |                      |
|---|---|----------------------|
| <b>Authorisation for keys to be cut</b> | 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:<br>_____  | Print Name:<br>_____ |