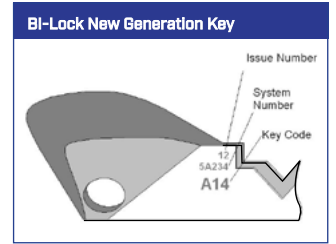
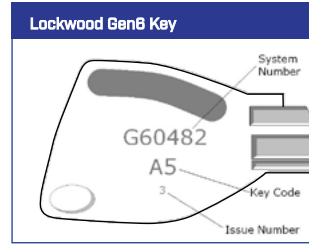


APARTMENT RE-KEY AUTHORITY FORM

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: _____ Existing Key Code: _____
(this is engraved on all keys)

Company Name / Individual: _____

Site Address: _____

Delivery Address
(if different to site address) _____

Suburb: _____ Post Code: _____

Contact Phone Number: _____

Email: _____

Quantity of New Keys Required

Qty: _____

Payment Details

CREDIT CARD	COMPANY ACCOUNT
Choose card type: Visa / Master Card Amex Diners	Invoice to: <i>(Company Account Name)</i>
Number: _____	Omega Account Code: _____
Exp: _____ CCV: _____	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: _____