



## RESTRICTED KEY ORDER FORM

Return completed form to [contact@keysocallaghan.com.au](mailto:contact@keysocallaghan.com.au)

(All fields are mandatory)

**Company Name: (If applicable)** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Contact Phone No:** \_\_\_\_\_

**Delivery Address (if different to above):**

**Company Name: (If applicable)** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Contact Phone No:** \_\_\_\_\_

**RESTRICTED SYSTEM / KEY ORDER DETAILS**

**System Number:** \_\_\_\_\_ (AN EXAMPLE SYSTEM NUMBER = XB7102)

(AN EXAMPLE KEY NUMBER = KA1)

**Key number of required key:** \_\_\_\_\_ **Quantity required:** \_\_\_\_\_

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**Delivery Method**

**Pick up**     **Courier (\$22.00+GST)**

**An email notification will be sent out to you when the key is ready for collection or dispatched by courier.**

Please specify the email you would like to receive the notification: \_\_\_\_\_

**Payment Type - PAYMENT DETAILS MUST BE PROVIDED\***

*(Full payment must be made before key order will proceed)*

**EFT Payment** - please provide email address and a pro-forma invoice will be sent including our banking details

Email: \_\_\_\_\_

**Credit Card** - Keys O'Callaghan Locksmiths will process payment over the phone where required.

Contact phone number for payment: \_\_\_\_\_

**Company Account** - Invoice to: Company Account Name: \_\_\_\_\_

**Authority for restricted keys to be cut**

I hereby certify that I am an authorised signature for the above restricted key system, and I authorise Safeguard Locksmiths to cut the above keys as requested.

**Print Name:** \_\_\_\_\_

**Authorised Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_