

Medeco Key Order Form

File #: _____

S I N C E 1 9 0 1



535 16th St. #B7
Denver, CO 80202
Fax: 303-292-9743

1123 Delaware Street
Denver, CO 80204
Fax: 303-573-9099

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:*

☐ Pick up at Welton
☐ Pick up at Delaware

☐ UPS Welton (\$14.28)
☐ UPS Delaware (\$14.28)

☐ Courier Welton (\$60.00 & up)
☐ Courier Delaware (\$60.00 & up)

* Required fields

☐ COD

☐ BILL MY ACCOUNT

Contact with questions or concerns:

EMAIL: dispatch@mathias-security.com PHONE: 303-573-9000