

# High Security Key Order Form

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 \_\_\_\_\_ 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** High Security Key (non-Medeco) 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 Delaware ☐ UPS Delaware (\$19.84) ☐ Courier Delaware (\$60.00 & up)

\* Required fields

☐ COD

☐ BILL MY ACCOUNT

Contact with questions or concerns:

EMAIL: dispatch@mathias1901.com PHONE: 303-573-9000