

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:*

- | | | |
|--|---|--|
| <input type="checkbox"/> Pick up at Welton | <input type="checkbox"/> UPS Welton (\$14.28) | <input type="checkbox"/> Courier Welton (\$60.00 & up) |
| <input type="checkbox"/> Pick up at Delaware | <input type="checkbox"/> UPS Delaware (\$14.28) | <input type="checkbox"/> Courier Delaware (\$60.00 & up) |

* Required fields

☐ CC

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BILL MY ACCOUNT

Contact with questions or concerns:

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