

SUR-LOCK ORDER FORM

To place an order for the Sur-Lock, complete the form below (2 pages) in its entirety and fax or email it to:

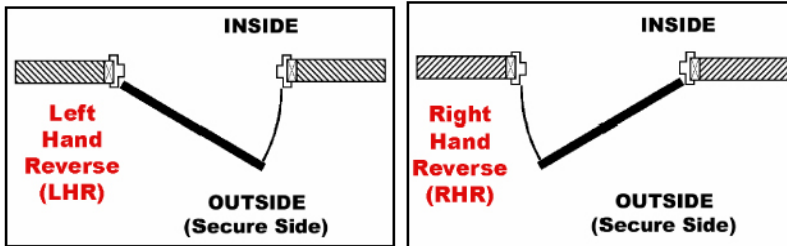
Email: Pod1@locknet.com

Fax: 877-887-4958

Please call for pricing: 800-353-2562 x2011

Upon receipt of the form, LockNet will contact you to confirm the order.

Purchase Order #:		
Model #	Description	Order Qty
I/O 2000L	Sur-Lock Exit Device – includes automatic locking, alarm, counter, & 1" mortise cylinder	
I-O 2000L-03	Sur-Lock Exit Device – includes automatic locking, alarm, & 1" mortise cylinder (no counter)	
I/O 2000L-04	Sur-Lock Exit Device – includes automatic locking (no alarm, no counter, no mortise cylinder)	
I/O 2000L-03IC	Sur-Lock Exit Device – includes automatic locking, alarm, and 1" mortise Best-compatible Interchangeable Core housing. Does not include the core or counter.	
1066-01	Outside Entry Kit – provides for exterior key controlled access into a Sur-Lock controlled door	
1076-01	Double Door Strike Kit – allows a Sur-Lock to function on the active leaf of a pair of double doors	
DKYSLRH	Keyless Entry & Sur-Lock for Existing Metal Doors – includes Right Hand Sur-Lock (I/O 2000L), exterior keypad, processor circuit board, and all necessary wiring	
DKYSL LH	Keyless Entry & Sur-Lock for Existing Metal Doors – includes Left Hand Sur-Lock (I/O 2000L), exterior keypad, processor circuit board, and all necessary wiring	



PURCHASING COMPANY		
Company Name:		
Address:		
Street 1		
Street 2		
City	State	Zip Code
Contact Name:	Email:	
Contact Phone:	Fax:	

INSTALLATION SITE		
Company Name:		
Address:		
Street 1		
Street 2		
City	State	Zip Code



SUR-LOCK ORDER FORM

SHIPPING INFORMATION

Company Name:		
Address:		
Street 1		
Street 2		
City	State	Zip Code
Contact Name:		
Contact Phone:		

CREDIT CARD INFORMATION

Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
Card #:	Expiration Date:		
CVV / CVC Code:	(3 digit # for Visa/MC, 4 digit # for AMEX)		
Cardholders Name as it Appears on Card:			
Credit Card Billing Address (if same as Purchasing Company address, write Same):			
Street 1			
Street 2			
City	State	Zip Code	
Phone #:	Email:		
Comments for Receipt:			
Printed Name:			
Authorized Signature:	Date:		
Card member agrees to pay total in accordance with agreement governing use of such card.			

FOR INTERNAL USE ONLY

Service Call #:	
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