



SUR-LOCK I/O 2000L SERIES ORDER FORM

To place an order for the Sur-Lock I/O 2000L auto-locking exit device, complete the form below in its entirety and return it to LockNet. Upon receipt of the form, we will contact you to confirm your order.

Email: Service@locknet.com

Fax: 877-887-4958

Pricing: 800-353-2562 Ext 2011

Which model is right for you?

Model	Auto-Locking Exit Device	Counter	Alarm	Key Cylinder (for arming/disarming)		Qty
				Standard (includes 2 keys)	SFIC (includes housing only without core or keys)	
I/O 2000L	✓	✓	✓	✓		
I/O 2000L-IC	✓	✓	✓		✓	
I/O 2000L-03	✓		✓	✓		
I/O 2000L-03IC	✓		✓		✓	
I/O 2000L-04	✓					

Need additional items?

Item #	Description	Qty
20000404	Sur-Lock Key Guard – Provides Additional Protection From Keys Being Broken Off	
1066-01	Outside Entry Kit (Standard Keyway) – Allows For Exterior Key Access	
1066-01 + LN2050	Outside Entry Kit (SFIC Housing Only; No Cores/Keys) – Allows For Exterior Key Access	
1076-01	Double Door Strike Kit – Allows For Installation On Active Leaf Of Double Doors	
14001400	Construction SFIC (Includes 1 Core, 1 Control Key, and 1 User Key)	
8022-02	Alarm Circuit Board (Replacement For Alarmed Units Only)	
1003-01	Limit Switch Bracket Assembly (Replacement For Alarmed Units Only)	
1008-01	Latch Assembly Replacement	

Your Information

PO #: _____

Name: _____

Phone: _____

Installation Site

Store Name & Unit # _____

Address _____

City/State/Zip _____

Phone _____

Ship To

Company/Attention _____

Address _____

City/State/Zip _____

Phone _____

Credit Card Information

- Visa
- Master Card
- American Express

IMPORTANT: Effective 05/01/19, a 3% surcharge will be added to all credit card payments. To avoid this charge, you may opt to pay via ACH. To make an ACH payment, contact LockNet Accounts Receivable at 859-887-9119 Ext 135.

Card #: _____ Exp. Date: _____

CVV/CVC Code: _____ (3-digit # for MC/Visa; 4-digit # for Amex)

Is This Card A Purchasing Card or P-Card? No Yes: Code: _____

Cardholders Name On Card: _____

Credit Card Billing Address: _____

City / State / Zip Code: _____

Phone #: _____ Email: _____

Comments for Receipt: _____

Printed Name: _____ Date: _____

Authorized Signature: _____

Card member agrees to pay total in accordance with agreement governing use of such card.
Furthermore, card member agrees a credit card surcharge be charged as part of this transaction.