

MEDECO RESTRICTED KEY AUTHORIZATION FORM

CUSTOMERS NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

KEY REFERENCE NUMBER: _____ (STAMPED ON KEY)

I _____ DO HEREBY CERTIFY AND ATTEST THAT I AM AUTHORIZED BY
(CUSTOMERS NAME)

THE **WESTWOOD-BEVERLY HILLS LOCKSMITH** COMPANY TO PLACE ORDERS FOR

MEDECO BIAXIAL KEYS OF A RESTRICTED NATURE. I FURTHER ASSERT THAT I AM

AUTHORIZING _____ TO HAVE _____ MEDECO BIAXIAL
(PERSONS NAME MAKING KEYS) (QUANTITY)

KEYS MADE FOR THE SPECIFIC CODE DESIGNATED ABOVE. THIS AUTHORIZATION IS ONLY

VALID FOR ONE USE. ANY FURTHER KEY ORDERS WILL HAVE ANOTHER AUTHORIZATION

FORM FILLED OUT.

I ALSO MAKE THE STATEMENT THAT I HEREBY RELIEVE THE **WESTWOOD-BEVERLY HILLS**

LOCKSMITH COMPANY OF ANY LIABILITY OR CULPABILITY REGARDING THE

MISAPPROPRIATION OF KEYS WITH THE SPECIFIC CODE DESIGNATIONS ASSIGNED TO ME AS

A RESULT OF IMPLEMENTING THIS DOCUMENT.

CUSTOMERS SIGNATURE: _____

DATE: _____

DRIVERS LICENSE OR I.D.# _____

