

ABUS VitesTM Source Authorization Form (level 2, 3 and 5 only)

Form AV#24



Security Tech Germany

Please return this form to ABUS USA, 23910 N. 19th Ave. #56, Phoenix, AZ 85085 or Fax 623-516-9934.

The ABUS VitesTM Source Authorization Form must be submitted and accepted to purchase restricted keyway products from your preferred distributor. Please indicate your preferred distributor below.

Distributor Name

Date

Distributor Account Number

Distributor PO Number

This form is necessary if you wish to purchase your restricted VitesTM keyway products from the distributor listed above. This form authorizes the ABUS distributor listed above as an additional source for ordering your ABUS restricted products. This form must be completed, signed and returned to ABUS either by fax or mail for us to grant authorization to your preferred distributor. Please allow 24-48 hours for processing.

This form is only applicable if you have a valid VitesTM Restricted Keyway Agreement with ABUS. If you wish to inquire about ABUS restricted keyways for your business, or if you are not sure if you need to send one in, contact your local ABUS Sales Representative or call ABUS Customer Service at 800-352-2287.

VITESTM SECURITY LEVEL

Level 2
Regional Dealer Keyway

Level 3
National/Regional End User Keyway

Level 5
State Dealer Keyway

CONTACT INFO

Lockshop Name

ABUS Account Number

Representative Name

Position

Telephone

Shipping Address

City

State

Zip

I hereby authorize the above ABUS Distributor listed on this form to order material for the VitesTM system specified above and I certify that I am the owner, or authorized agent of the ABUS VitesTM High Security Cylinder system specified above. I am authorized to place this order.

Authorized Signature

Date

ABUS Authorization

Date