

# ABUS Vitess™ Master Key Request Form

## Form AV#26



Security Tech Germany

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

Orders will be delayed without complete information.

**ABUS USE ONLY** | Keyway Number \_\_\_\_\_

### DEALER INFORMATION

Date \_\_\_\_\_ PO Number \_\_\_\_\_

Locksmith Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Send Bitting via: Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

### END USER INFORMATION

Organization Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

### AUTHORIZED SIGNATURES (OR CARD HOLDERS)

Signature 1 \_\_\_\_\_ Signature 2 \_\_\_\_\_

Signature 3 \_\_\_\_\_ Signature 4 \_\_\_\_\_

### SYSTEM SPECIFICATIONS

Include total expansion at each level. Please enter numbers below. Indicate below many changes per master and how many masters per grand master.

GGMK \_\_\_\_\_ GMK \_\_\_\_\_ MK \_\_\_\_\_ CK \_\_\_\_\_

### IMMEDIATE REQUIREMENTS

\_\_\_\_\_  
\_\_\_\_\_

### SPECIAL REQUESTS

\_\_\_\_\_  
\_\_\_\_\_