



## Delivery of controlled ASSA components for End Users

The purpose of this two-page authorization form is to insure proper delivery of controlled ASSA components i.e. key charts, keyblanks, cut keys, sidebars, sub assembled and complete cylinders, and cores. This form must be filled out completely and signed by an authorized signatory on file at ASSA. This form must accompany all purchase orders submitted to ASSA. Orders will not be processed until this document is received by ASSA. Your cooperation in providing this document to your distributor at the time you place your order will allow the distributor's purchase order to ASSA to be processed without delay.

\*\*\*Note\*\*\* If this letter is to be used as a blanket letter of authorization for a specific distributor or locksmith, please indicate distributor/locksmith's name below and the dates for which this authorization will remain effective.

Today's Date: \_\_\_\_\_

Distributor Name: \_\_\_\_\_

Authorization Effective: \_\_\_\_\_ through \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address, Street: \_\_\_\_\_

Dept: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Product Series:** \_\_\_\_\_ **Twin /6000** \_\_\_\_\_ **Twin Exclusive** \_\_\_\_\_ **Twin V-10**

**Key Way / Side Code:** \_\_\_\_\_

**Deliver sub assembled and/or complete cylinders or cores to:**

Name: \_\_\_\_\_

Address, Street: \_\_\_\_\_

Dept: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ATTN: \_\_\_\_\_

**ASSA, Inc.**

110 Sargent Drive • P.O. Box 9453 New Haven, CT 06534 - 0453 • Voice 800 235-7482 • Fax 800 892-3256

**Delivery of sidebars:**

Name: \_\_\_\_\_

Address, Street: \_\_\_\_\_

Dept: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ATTN: \_\_\_\_\_

**Delivery of Cut keys:**

Name: \_\_\_\_\_

Address, Street: \_\_\_\_\_

Dept: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ATTN: \_\_\_\_\_

**Delivery of Keyblanks:**

Name: \_\_\_\_\_

Address, Street: \_\_\_\_\_

Dept: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ATTN: \_\_\_\_\_

**Delivery of key charts:**

Name: \_\_\_\_\_

Address, Street: \_\_\_\_\_

Dept: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ATTN: \_\_\_\_\_

**Signature:** \_\_\_\_\_ (Must be signed by Signatory on file at ASSA)

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