Card / Fob Order Form



¹ Your details

Company Name:					
LSC Account Number:			Purchase Order Number:		
Address:			State:	Postcode:	
Contact Name:		_	Contact Phone:		
Reference:					
	² New or Existing System				
	New System		Existing System		
³ Select a Product Type			⁴ Format		
ISO Card	Coloured Fob		🗌 EM / Syris	Presco	
CS Prox Fob	Wristband		🗌 HID 26 bit	ACE Format	
CS iKey iKey Form	mat only		iClass	Protégé Secure	
	⁵ Card / Fob Programming Details				
	Order Quantity	der Quantity			
	Start Number				
	End Number				
	Site Code				
	System Number				
	System Number & Issue credential	Numbe	r will be printed on th	е	
⁶ ^a Text on Fob		0.0	⁶ ^b Text on Car	ď	
🕂 Line 1		OR	□ Black and white	Colour	
Line 2		_	Enter your text		
System Number	Office use only	_			
Issue Number	Office use only	_			
⁷ Approval				d in black and white as	
Signature		-		nting will incur an additional SC representative for further	

Date

_____ information and options.

Return completed form to your nearest LSC branch or Account Manager

LSC Head Office 140-158 Dryburgh Street, North Melbourne, VIC 3051 Ph: 03 9329 7222 Fax: 03 9329 2570 Isc@lsc.com.au LSC New South Wales 44 Skarratt Street, Silverwater, NSW 2128 Ph: 02 9647 8111 Fax: 02 9647 8100 nsw@lsc.com.au LSC Queensland 15-17 Jeays Street, Bowen Hills, QLD 4006 Ph: 07 3252 1056 Fax: 07 3252 1087 qld@lsc.com.au LSC South Australia 333 Halifax Street, Adelaide, SA 5000 Ph: 08 8223 2999 Fax: 08 8223 1777 sa@lsc.com.au LSC Western Australia 244 Lord Street, Perth, WA 6000 Ph: 08 9328 7488 Fax: 08 9227 7363 wa@lsc.com.au