

SARGENT KEYED ORDER LEADSHEET SYSTEM INFORMATION (Section 1 - 5)



Distributor Name: _____ P.O. #: _____
 Job Name: _____
 End User: Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

(1) SYSTEM STATUS

New (SARGENT generated) Field Specified Bittings Existing. Please complete one of the following:
 Registry Number: _____
 If New System complete System Design Section 2 TMK Bitting & Keyway: _____
 Previous SARGENT Order #: _____
 Field-Specified Bittings are attached? Yes No

(2) SYSTEM DESIGN (New Systems ONLY)- Select Level & Indicate Future Requirements

Level 4 GGMK Level 3 GMK Level 2 MK
 # GM Per GGM _____ # MKS Per GMK _____ # ChKys _____
 # MK Per GMK _____ # ChKys Per MK _____
 # ChgKys Per MK _____
 5-Pin System 6-Pin System (Default) 7-Pin System

_____ Additional Information (If Required) _____

SubMaster Keying Level Required: See Keying Notes Attached
 # of SubMaster Keys Per MK _____
 # of ChKys Per SubMK _____
 SKD's # of Different SKDs: _____

(3) SYSTEM TYPE

Conventional (Sargent Std) Degree KESO SFIC (Best) Check One Below
 A2 A3 A4

Note: Select Cylinder Features in Section 7 (Page 2)

(4) KEY WAY

Keyway Selection: SARGENT Manufacturing will assign keyways unless specified otherwise below.
 Customer Specified Keyway
 Use of Restricted Keyways (A, B, G, V, K, N and 4B) have to be pre-approved by SARGENT Key Records.

(5) AUTHORIZATION

Signature/Degree/KESO/Restricted Keyway products requires Authorization
 Degree/Signature ID Code: _____ Zip Code (Signature Only): _____
 Security/PIN Code: _____
 Request Form Att'd For NEW Degree/Signature Code Yes No

Letter of Authorization Attached:	Degree:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Signature:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	KESO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Restricted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: Letter Of Authorization is required if order is not shipping direct to end user

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 6 - 9)

(6) KEY QUANTITY	(7) CYLINDER FEATURES
------------------	-----------------------

<input type="checkbox"/> GG MK		Qty	
	Designation	Qty	
<input type="checkbox"/> GMK			
	Designation	Qty	
<input type="checkbox"/> Master Key			
	Designation	Qty	
<input type="checkbox"/> Sub Mstr Key			
	Designation	Qty	
<input type="checkbox"/> Other			
Special Keys		Qty	
<input type="checkbox"/> Control Keys			
<input type="checkbox"/> Construction MstrKeys			
<input type="checkbox"/> Emergency Keys			
Change Keys (Two cut keys are standard per lockset/cylinder)		Qty	
<input type="checkbox"/> Keys Per Cylinder (Each)			
	Symbol:	Qty	
<input type="checkbox"/> Keys Total			
<input type="checkbox"/> Add'l Notes Attached			

<input type="checkbox"/> Signature (10-)
<input type="checkbox"/> Removable Core (63-,6300)
<input type="checkbox"/> XC (11-)
<input type="checkbox"/> Interchangeable Core (73-,7300B)
<input type="checkbox"/> Construction Lost Ball (21-)
<input type="checkbox"/> Construction - Split Key (22-)
<input type="checkbox"/> Bored Hotel - 10G50 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)
<input type="checkbox"/> Mortise Hotel - 8250 (N/A with 10-, 11-, 21-, 22-, DG2 and DG3)
<input type="checkbox"/> Old Style Removable Core (51-)
<input type="checkbox"/> KESO (82-)
<input type="checkbox"/> KESO Removeable Core (83-)
<input type="checkbox"/> KESO (F1-)
<input type="checkbox"/> DEGREE (DG1-)
<input type="checkbox"/> DEGREE (DG2-)
<input type="checkbox"/> DEGREE UL437 (DG3-)
<p>Note: See General Section of Price Book for valid prefix combinations!</p>

(8) STAMPING REQUIREMENTS - Default stamping will apply unless specified otherwise
--

<p>Select one ONLY what to use as VKC symbol</p> <input type="checkbox"/> Bittings <input type="checkbox"/> Keypset symbols <input type="checkbox"/> Alternate non DHI symbols	<p>Select one ONLY what to use for VKC location</p> <input type="checkbox"/> Stamp Keys Only <input type="checkbox"/> Stamp Keys and Cylinder Concealed <input type="checkbox"/> Stamp Keys and Cylinder Face - N/A with SFIC, Degree, KESO, 10- and 11-
<input type="checkbox"/> No Bittings or Keypsets on keys - additional charges will apply <input type="checkbox"/> No Keyway on Keys - additional charges will apply	
<input type="checkbox"/> No SARGENT Logo On Keys - additional charges will apply <input type="checkbox"/> No SARGENT Logo On Cylinders - additional charges will apply	
<input type="checkbox"/> Stamp Keys "DO NOT DUPLICATE" - No Charge <input type="checkbox"/> Die Stamping - If Selected, identify if Existing or New Die Stamp Text: _____	
<input type="checkbox"/> New Die <input type="checkbox"/> Stamp Existing Die Stamp - No Charge	

(9) CROSS KEYING

Key Symbol:	To Be Operated By

Add'l Notes Attached

Note: Cross Keying minimizes cylinder security level and are not recommended by SARGENT manufactory!

SARGENT KEYED ORDER LEADSHEET

THIS ORDER ONLY (Section 10 - 18)

P.O. # _____

10) PACKING INSTRUCTIONS FOR CHANGE KEYS

Pack Change Keys With Locks (Standard) Pack Change Keys separately - See Price Book

11) SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Ship Change Keys To: _____

Attention: _____

12) SHIPPING INSTRUCTIONS FOR MASTER KEYS

Ship Master Keys To: _____

Attention: _____

13) SHIPPING INSTRUCTIONS FOR KEY BLANKS

Ship Keyblanks To: _____

Attention: _____

14) SHIPPING INSTRUCTIONS FOR CORES

Ship Cores To: _____

Attention: _____

15) SHIPPING INSTRUCTIONS FOR KEY WIZARD SOFTWARE

Ship Keywizard Software To: _____

Attention: _____

Registration Form Att'd (Required)

16) SHIPPING INSTRUCTIONS FOR CONSTRUCTION KEYS

Ship Construction Keys To: _____

Attention: _____

17) SHIPPING INSTRUCTIONS FOR BITTING LIST

Only Keysets that are orderd with product on this PO (N/C)

Expanded Bitting List (Please provide requirements)

Provide on Disc

Provide on Paper

Ship to: _____

Attn: _____

Note: Please see Price Book page CK-4 for prices and additional information regarding above items

Expanded Bitting List requirements: _____

18) CONTACT INFORMATION (Name of individual in your organization who is knowledgeable about this project should any clarification be necessary.

Name: _____

Phone #: _____ Fax #: _____

Email: _____