



**Supporting Your Success**

Door hardware - Access Control - National service and sales

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## FOB/PROXIMITY CARD ORDER FORM

### Company Information

*For internal use only*

*v. July 2017*

Your name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date received:

Received by:

Order fulfilled:

### Please choose one:

- ☐ Fob ☐ Proximity Card ☐ Clamshell ☐ Prox Sticker ☐ Wrist Band

### Select the formatting:

- |  |   |
|--|---|
| <input type="radio"/> H26 HID Standard 26 Bit (H10301)               | <input type="radio"/> A34 AWID 34 Bit Format            |
| <input type="radio"/> H36K HID Bit C15001 (Keyscan)                  | <input type="radio"/> F26 Farpointe 26 Bit Format       |
| <input type="radio"/> H36NAL HID Bit N901157A (Napco Gem/Alarm Lock) | <input type="radio"/> F30 Farpointe 30 Bit Format       |
| <input type="radio"/> H37 HID 37 Bit (H10304)                        | <input type="radio"/> EM64 Honeywell 10 Digit 64 Bit EM |
| <input type="radio"/> A26 AWID Standard 26 Bit Format                | <input type="radio"/> KC10X Keri CK                     |

### Programming Information:

Facility Code: \_\_\_\_\_ Starting Number: \_\_\_\_\_ Quantity: \_\_\_\_\_

### Printing:

Do you want a logo or image printed on this item? ☐ Yes ☐ No

*If yes, please send a HIGH-RESOLUTION (>3 MB, 300 DPI) image to [info@access-direct.net](mailto:info@access-direct.net)*

Do you want the facility code and format printed on this item? ☐ Yes ☐ No

*Optional:* Other information to include in the custom printing (business name, website, phone number)?

\_\_\_\_\_

### TERMS OF SALE

***\*All new customers are required to pay via credit card on their first order. There is a 3% fee on payments made via credit card.\****

Our standard terms are Net 30 days. Failure to adhere to our terms may result in a shipping hold on future orders. The net due date is calculated from invoice date. Should the applicant default in the payment of the outstanding account for monies that are deemed legitimately owed, then Access Direct, Inc. shall be entitled to incur expenses for the cost of collection and attorney's fees, which amount shall be added to the unpaid balance of the Applicant's account and shall be due and owing from Applicant to Access Direct Inc.

I hereby certify that the information set forth here, together with all other information submitted in connection with this application is true and correct. I understand that Access Direct, Inc. will rely on this information in extending credit to me. I have read and understand the Terms of Sale and agree that such terms apply to all transactions with Access Direct, Inc.

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_