



**Locking Systems™**  
International Inc

## Lock Code Transfer Form

I \_\_\_\_\_ confirm that I have the authority, and the control of restricted key codes for:

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

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

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

Phone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_

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

I also confirm that I have the authority to release and transfer all my restricted lock codes to:

**Locking Systems International Inc**  
**6025 Cinderlane Parkway**  
**Orlando, FL 32810-4754**

I understand that Locking Systems International Inc. is a Factory Authorized Service Center and Distributor for Abloy Security Locks and Medeco Security Locks and will, by my signature on the form be able to service my Abloy and/or Medeco restricted locks and keys. I understand that Locking Systems International Inc. will be able to cut my Abloy and/or Medeco restricted keys at their facility.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please mail, fax or email to Locking Systems International*



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