



Key/Swipe Card/Cylinder Order Form

TAX INVOICE

ABN: 50 699 152 150

Applicant Details (Applicant to complete)

Date.....

Name:

Apartment Number: **Number on Key** (Beginning with C) **Mailbox Cylinder No:** CC.....

Contact Phone Number: **Email:**

Are you (please tick) **OWNER** **TENANT** **AGENT**

Please provide the following documents: **Owner:** Photo ID

Real Estate Agents

- Apartment Leasing Authority Letter
- Letter of authorization to order keys/swipes signed by the apartment owner.
- Photo I.D.

Tenants

- Lease Agreement
- Letter of authorization to order keys/swipes signed by the apartment owner.
- Photo I.D.

Item	Price per item	Quantity	Total	To be completed during collection		
				Collected By	Signature	Date
Swipe Card	\$60.00		\$			
Apartment Key	\$40.00		\$			
Mailbox Key	\$30.00		\$			
Apt Cylinder	\$250.00		\$			
Grand Total			\$			

All orders are to be collected from the Building Managers office.

Payment Details (Applicant to complete)

Payment can be made via Bank Transfer, Cheque or Credit Card (please tick one)

Bank Transfer or **Cheque** to be made to **Owners Corporation No 633275D, Owners Corporation 7.**

Account Name: OC 633275D **BSB:** 183-334 **Account Number:** 234595080

Include your apartment number as Reference: **Apt.....T4.**

Payment by Credit Card: (please list details below)

Card Type:

Name on Card:

Expiration Date: mm yr

Card Number:

Amount to Charge: \$.....

Cardholder Signature:

Additional fees may apply if paying by credit card

Please forward this form along with payment and supporting documentation to:

Building Management Office

Phone: 0427 129 085

Email: bmmidtown@auspm.com

OFFICE USE ONLY	
Payment received by:	Receipt No.
Date:	Sign:
Swipe card number(s):	Cheque number: