



Security Lock Distributors • Source Designation Form

The Medeco Source Designation Form (SDF) is necessary if you wish to purchase your restricted keyway products from Security Lock Distributors. You do not need this form to buy direct from Medeco, nor are you restricted in your ability to purchase directly from Medeco. This SDF gives your authorization for an additional source for your Medeco restricted products. This form must be completed, signed, and returned to Medeco either by fax or mail for us to authorize Security Lock Distributors to sell you restricted products. Please allow 24 hours after we receive this document to extend authorization to Security Lock Distributors.

This form is only applicable if you have a valid restricted keyway agreement with Medeco. If you wish to inquire about Medeco Restricted Keyways for your business, or if you are not sure if you need to send one in, contact your local Medeco Sales Representative or call Medeco Customer Service at 800-839-3157.

Lockshop Name: _____ Medeco Acct. # _____

Print Your Name: _____

Signature: _____ Position: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Today's Date: _____

Complete the appropriate sections: (Please Print Clearly or Type)

<input type="checkbox"/> I want to purchase _____ KeyMark Restricted Keyway Product from Security Lock Distributors. <i>For Medeco Use Only: Conf: _____ CC# _____ Sys Ent Date: _____</i>

<input type="checkbox"/> I want to purchase _____ DBK Restricted Keyway Product from Security Lock Distributors <i>For Medeco Use Only: Conf: _____ CC# _____ Sys Ent Date: _____</i>
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<input type="checkbox"/> I want to purchase _____ Medeco Electronic Access Control Products from Security Lock Distributors. <i>For Medeco Use Only: Conf: _____ CC# _____ Sys Ent Date: _____</i>

<input type="checkbox"/> I want to purchase Patriot/Freedom (circle one or both) Restricted Keyway Product from Security Lock Distributors. <i>For Medeco Use Only: Conf: _____ CC# _____ Sys Ent Date: _____</i>
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<input type="checkbox"/> I want to purchase _____ Medeco3 DB3 Restricted Keyway Product from Security Lock Distributors <i>For Medeco Use Only: Conf: _____ CC# _____ Sys Ent Date: _____ Slider _____</i>

Medeco Authorization: _____ **Date:** _____

Return this form to Medeco Security Locks, 3625 Allegheny Drive, Salem, VA 24153. FAX: 540-380-1714