

# Peerless® Handcuff Company

95 State Street - Springfield MA 01103 – Phone: 800-732-3705 – Fax: 413-734-5467 - [www.peerless.net](http://www.peerless.net)

## High Security Order Form

Thank you for the recent order for high security restraints. This product can be ordered with different lock and key plans. Use this form to make sure you or your customer get the specific plan and/or code required.

### Lock & Key Type – ASSA® or Medeco®

- ASSA®
- Medeco®
- Medeco® Dead Bolt Security compliments the standard lock with an additional locking position for added security. (Available only with new or existing Medeco® style key plans)

### Lock Plan – Keyed Alike or Keyed Different (only applies to orders with more than one set of high security restraints).

- Keyed Alike – Check this box if each set of restraints should be keyed the same using a unique key code. If this box is checked then the keys for each set of restraints ordered will be cut to the same key code. The keys can be interchanged with other restraints in the order. (If keyed alike: End User Information is required for order processing)

Name of Agency/Department/Facility:

Contact name (please print):

Complete mailing address:

Phone #:

- Keyed Different – Check this box if each set of restraints should be keyed different using a unique key code. If this box is checked then the keys for each set of restraints in the order will be cut using a different key code. The keys will not be interchanged with other restraints in the order.

### Key Code – New Code or Existing Code

- New Code – Check this box if the code for the restraint(s) is a new code
- Existing Code – Check this box if each set of restraints should be keyed to a previously registered key code. If this box is checked complete the following information.

---

### Key Code Reorder Authorization Information

Complete the following section to request a previously issued key code. We can not duplicate the requested key code without proper authorization. We require the following information be completed and this form returned via fax or mail.

Please note the information below must match the information and signature submitted with the original key code registration form.

Key Code:

Name of Agency/Department/Facility:

Complete Address of Agency/Department/Facility:

Name (print) of Authorizing Agent:

Signature of Authorizing Agent:

Phone number for authorizing agent:

Date: