

Master Key

Order Documents



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Master Key Order - Quick Reference Guide

General Information

- All master keyed items require DHI keyset symbols when placing PO.
- If not currently using Pro-Tech, if order has 11+ IDK lines, please provide PO supporting schedule via Excel for speed of entry and error reduction.
- If interested in using Protech, please contact Larry.Cruz@assaabloy.com

Header

- Keyed order leadsheets are required with every master keyed order.
- One leadsheet, one system per order.
- Job name, full address, including city, state and zip code required for all master keyed orders.
- If a Keying Lead Sheet is not provided for existing systems, we will proceed with default procedures, including stamping, determining the key quantity per lock, and initiating the shipping process, etc.

Section 1 System Status

- If an existing system, please provide one of the following: Registry number or TMK Bitting & Keyway.

Section 2 System Design Layout (New Systems Only)

- [Click Here](#) to go to System Design Layout Tab for examples.
- Please provide estimated number of keys to allow for future expansion.

Section 3 System Type

Define system type.

Section 4 Keyway

- ASSA ABLOY ACCENTRA™ Commercial will assign keyways unless specified otherwise. Reference price book for available keyways by product/prefix.

Section 5 Authorization

- Letter of Authorization is required when:
ASSA ABLOY ACCENTRA™ KeyMark® and Security Product: Security keys, products and bitting list are not shipping directly to end user.

Section 6 Cut Key Quantity for Current PO

- To avoid unnecessary charges, list cut key quantities that are required only for the current PO.
- Cut keys will not automatically be provided for cylinders keyed to Master only, keys must be ordered separately (GGM, Grandmaster, Master, or Submaster).

Section 7 Future Cylinder Features

- Features required for current order must be noted on the PO only. This section should be completed only for cylinder features that are required for this system in the future.

Master Key Order - Quick Reference Guide (Cont.)

Section 8 Stamping Requirements

- Default stamping is for keys only by system type, see section for additional stamping options
- | <u>System Type</u> | <u>Default Stamping (Keys Only)</u> |
|-------------------------------|-------------------------------------|
| Conventional | Bittings |
| Small Format | Bittings |
| ASSA ABLOY ACCENTRA™ KeyMark® | Keysets |

Section 9 Cross Keying

- Cross Keying minimizes cylinder security level and is not recommended by ASSA ABLOY ACCENTRA™ Commercial.
- If Cross Keying is required for future orders, please provide with initial order.

Section 10 Packing Instructions for Change Keys

- Change keys will be packed and shipped with product unless ordered with Construction Lost Ball option or requested otherwise in section 10 of leadsheet. See current price list for charges.

Sections 11-16 Shipping Instructions

- Master Keys are always shipped separately from product. See section 12.
- If cylinders are requested to ship to different address, a separate order will be entered for cylinders.
- Bittings list prices vary based on number of bittings, see price book for current pricing.

Bittings
1-50
51-200
201-1000
1001-3000
3001-6000*
6001-9000*
Over 9000*

- When expanded bitting list is requested, specific expansion requirements must be provided.

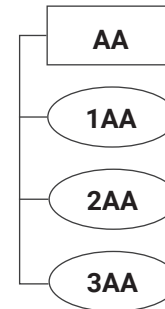
System Design Layout

2-Level System

Here are a few rules to consider when designing a 2-level system:

Rule # 1: Master keys get 2 letters and usually start at the beginning of the alphabet. The master key shown is AA.

Rule #2 : Change keys have numbers added to the letters of the master key they're under. In 2-level systems, the numbers come first.



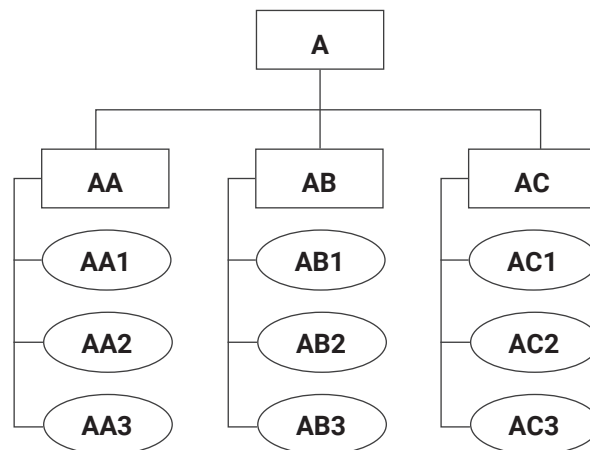
3-Level System

In systems with more than 2 levels, the change key numbers come last. Here we have a 3-level system, a grand master key system. The change key numbers come last and the master keys have 2 letters. The new item here is the grand master key.

Rule #3: GM Ks have only one letter.

Rule #4: Masters under the grand must start with the letter of that grand. All masters under grand A must begin with the letter A. Avoid the use of the letters I, O, Q, and X, as they are too easily confused with the numbers 1 and 0. When more than 22 masters are needed under a grand master, insert the rotation number between the letters of the master key symbol.

Example: AA through AZ for the first 22 masters, A2A through A2Z for the 23rd through the 44th master, etc.



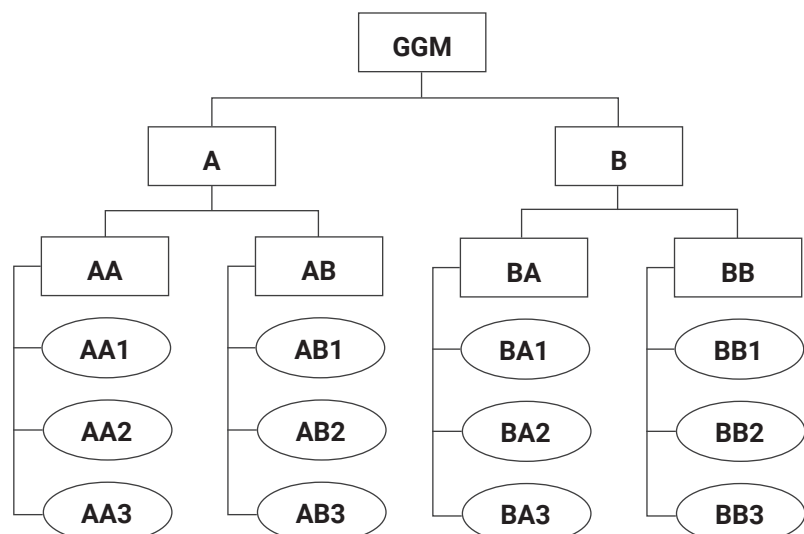
4-Level System

In a 4-level system (great grand master key system) the first 4 rules still apply:

- It's a system of more than 2 levels, so the change key numbers come last
- Masters have 2 letters
- The first letter matches the grand
- Grands have a single letter

The new information here is the great grand.

Rule #5: The symbol for a great grand master key is GGM.



Master Key Order Leadsheet

Note: Only One Leadsheet/Key System Per Purchase Order

**Required Information*

Acc#*: _____ Distributor Name*: _____ P.O. #*: _____

End User Facility Name*: _____ Contact Name: _____

Job/Building Name*: _____ Phone/email: _____

End User Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Section 1: System Status

☐ New

☐ Existing (provide any below)

REG#*: _____ TMK Biting and Keyway **: _____ Prior Order #*: _____

***Used to locate proper Registry # ONLY. All other order requirements must be identified in sections below.*

For Order with Field Specified Bittings provide information with PO. See Price Book for possible extra charges.

Section 2: System Type and Design (For New Systems ONLY)

Select System Type, Number of Pins and Level of System and add required future expansions horizontally.

To Select Cylinder Features See Section #6

For Actual Cut Key quantities see Section #7

☐ Conventional
(ACCENTRA Std, IC, SEC)

☐ ACCENTRA KeyMark®

☐ SFIC A2

☐ SFIC A4

☐ 5 Pins

☐ 6 Pins

☐ 7 Pins

Expansions →	Number of Change Keys per Master	Number of Masters per Grand	Number of Grands per Great Grand	Top Master Key Level
Level 1 <input type="checkbox"/>		—	—	—
***Level2 <input type="checkbox"/>		—	—	Master
Level3 <input type="checkbox"/>			—	Grand
Level4 <input type="checkbox"/>				Great Grand

*** For Level 2 systems ONLY, the Numbers in the Keyset Symbol comes **before** the Letters (Example: **1AA, 2AA, 3AA...**)

Section 3: KEYWAY

ASSA ABLOY ACCENTRA™ Manufacturing will assign keyways unless customer specific keyway is noted below.

Use of High Security and ACCENTRA KeyMark® keyways have to be pre-authorized by ACCENTRA Key Record

☐ Customer Specified keyway: _____

Section 4: CROSS KEYING

All Cross Keyed Cylinders need to have keysets with leading "X" on P.O. Example: XAA1

For all Cross Keyed Cylinders, Keysets Operated By (OBY) conditions need to be provided below.

Keyset	Operated By Conditions	Keyset	Operated By Conditions

Section 5: AUTHORIZATION

Security, High Security and ACCENTRA KeyMark® Products Require Authorization

For **NEW** ACCENTRA KeyMark® systems include the **System Information Document** with your P.O.

[Click here for template](#)

For **EXISTING** systems, if cylinders, keys, keyblanks or biting lists are NOT shipping directly to end user, please provide authorization documents in the form of Letter of Authorization (LOA) or through the ROA Portal

Section 6: CYLINDER FEATURES

Feature	Set it up
Large Format Interchangeable Core - LFIC	<input type="checkbox"/>
Hotel Function - 7 Pin ONLY	<input type="checkbox"/>
Construction Lost Ball (N/A with Padlocks, Security or High Security)	<input type="checkbox"/>

Feature	Set it up
Security	
ACCENTRA KeyMark® - LFIC	
ACCENTRA KeyMark® - SFIC	

Two (2) Cut Change Keys come standard per lock/exit/cylinder. Key Blanks cannot be substituted for cut keys
Exception to above: NO cut keys provided when keyed to Master Key only or XnX type of cross keying

[illegible]

Default stamping will apply unless specified below.

Potential charges and additional lead times may apply. See Price Book

Any DIE stamp that is selected will apply to keyblanks on the P.O. If NOT required, mark P.O. accordingly.

Cut Keys Stamping		
VKC Stamping (select one)	DIE Stamping	KEY BOW
<input type="checkbox"/> BITTING	<input type="checkbox"/> DO NOT DUPLICATE (DND)	STYLE _____
<input type="checkbox"/> KEYSSET	<input type="checkbox"/> US GOVERNMENT DND	
<input type="checkbox"/> ALTERNATE	<input type="checkbox"/> US PROPERTY DND	
<input type="checkbox"/> NONE. BLANK	<input type="checkbox"/> EXISTING _____ <input type="checkbox"/> NEW _____	
<input type="checkbox"/> LESS LOGO		

Cylinders Stamping	
VKC Stamping (select one)	Location (select one)
<input type="checkbox"/> BITTING	<input type="checkbox"/> VISUAL
<input type="checkbox"/> KEYSET	<input type="checkbox"/> CONCEALED
<input type="checkbox"/> ALTERNATE	
<input type="checkbox"/> LESS LOGO	

Master Key Order Leadsheet (Cont.)

P.O. #* : _____

Section 9: PACKING INSTRUCTIONS FOR KEYS PRODUCED with PRODUCT*When ordered as CMK keys will be packed and shipped separately from product at no charge*

- ☐ Pack Keys with Product (Standard) ☐ Pack Keys Separately - see Price Book for charges

Section 10: SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

**Section 11: SHIPPING INSTRUCTIONS FOR ANY LEVEL MASTER KEYS
(Includes GGGM, GGM, GM, Masters, Sub Masters, Control and Emergency Keys)**

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 12: SHIPPING INSTRUCTIONS FOR CONSTRUCTION MASTER KEYS (MK'ed or TEMPs)

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 13: SHIPPING INSTRUCTIONS FOR KEYBLANKS

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 14: SHIPPING INSTRUCTIONS FOR CORES

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 15: SHIPPING INSTRUCTIONS FOR BITTING LIST

If Bitting List is required, please mark how you want to receive them and provide shipping instructions

- ☐ Include Keysets that were ordered with product on this PO (no charge)
☐ Expanded bitting list. See Price Book for additional charges (Please provide requirements): _____

- ☐ Excel (via EMAIL) ☐ PDF (via EMAIL) ☐ Paper (via UPS)

E-mail: _____ Att To: _____

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 16: SHIPPING INSTRUCTIONS FOR KEY WIZARD or SIMPLE K DOWNLOAD FILES

Download files are delivered via email.

If Download file is required, please mark below and provide shipping instructions

- ☐ Include Keysets that were ordered with product on this PO
☐ Expanded list (Please provide requirements): _____

E-mail (for download files) _____

Section 17: CONTACT INFORMATION FOR INDIVIDUAL COMPLETING THIS FORM

Name: _____

Phone: _____

E-mail: _____

Brand*	
Distributor Purchase Order Number*	
Distributor Account Number*	
Part Number*:	<p>Standard Edition</p> <p><input type="checkbox"/> SMK040-30 Primary License (3 users)</p> <p><input type="checkbox"/> SMK040-31 Updates & Support Plan on Primary License, 1 year</p> <p>Professional Edition</p> <p><input type="checkbox"/> SMK042-30 Primary License (3 users)</p> <p><input type="checkbox"/> SMK042-32 Additional license</p> <p><input type="checkbox"/> SMK042-35 Updates & Support Plan on Primary License, 1 year</p> <p><input type="checkbox"/> SMK042-33 Updates & Support Plan on Additional License, 1 year (per Add. Lic.)</p> <p>Add-On Modules</p> <p><input type="checkbox"/> SMK032-31 Item Tracking</p> <p><input type="checkbox"/> SMK032-33 Web Interface</p> <p><input type="checkbox"/> SMK032-35 Room Management</p> <p><input type="checkbox"/> SMK032-37 Mobile Applications</p>

To receive your SimpleK license and download link with instructions for your new software package, the following End User Information is required:

Company/Institution Name*	
Mailing Address*	
City*	
State/Province*	
Zip/Postal Code*	
Country*	
Primary Point of Contact*	
Telephone*	
Email Address where license and download link will be sent*	

*Required field

Authorization Letter Template

Your Company Name
Your Company Address
Your Company City, State Zip Code
Date

Re: Authorization Letter for DISTRIBUTOR NAME HERE to purchase high security product including restricted keyways, on our behalf

To Whom It May Concern:

Please allow this letter to serve as authorization for DISTRIBUTOR NAME HERE to receive product on behalf of MY COMPANY NAME AND ADDRESS HERE. If there are questions or additional concerns, please do not hesitate to contact me.

(555) 555-5555

myname@emaildomain.com

Person(s) authorized to order additional locksets, cylinders, keys or bitting lists for the high security system noted:

- 1.
- 2.

Provided below, is the REQUIRED system reference information pertinent to my system.

ASSA ABLOY ACCENTRA™ KeyMark® Registry Number:

Security Product Registry Number:

Sincerely,

*Name:

Title:

Must be completed on YOUR COMPANY letterhead. All fields in red are required. When complete, send to Distributor to submit with PO to ACCENTRA COMMERCIAL. **PLEASE NOTE: By submitting this Letter of Authorization, you are agreeing to have this product shipped to the distributor designated. This may include bittings, keys and other sensitive information.**

***Name should be the Authorized signature as on the ACCENTRA KeyMark® Notice of Acceptance**

Authorization Change Letter Template

Your Company Name
Your Company Address
Your Company City, State Zip Code
Date

Re: Changes to Authorized Person List

To Whom It May Concern:

This is to inform ACCENTRA Commercial that **PERSON NAME** is no longer with the company, has retired or has changed names. The name(s) are to be removed from authorized person list and replaced with new names listed below. If there are any questions or additional concerns, please do not hesitate to contact me.

(555) 555-5555
myname@emaildomain.com

Person(s) authorized to order additional locksets, cylinders, keys or bitting lists and various product components for the system noted:

- 1.
- 2.

Provided below, is the REQUIRED system reference information pertinent to my system.

ACCENTRA KeyMark® Registry Number:
Security Product Registry Number:

Sincerely,

*Name:
Title:

Must be completed on YOUR COMPANY letterhead. All fields in red are required. When complete, send to Distributor to submit with PO to ACCENTRA COMMERCIAL. **PLEASE NOTE: By submitting this Letter of Authorization, you are agreeing to have this product shipped to the distributor designated. This may include bittings, keys and other sensitive information.**

If a revised Notice of Acceptance isn't accompanied by this letter ACCENTRA COMMERCIAL will send this to you to be filled out accordingly. No changes will occur until this new Notice of Acceptance has been submitted.

[Click Here](#) to fill out the Notice of Acceptance Form.

***Name should be the Authorized signature as on the ACCENTRA KeyMark® Notice of Acceptance**

ASSA ABLOY ACCENTRA™ KeyMark®

Fill out Completely, print, sign and submit with PO

The undersigned hereby certifies that I have been designated as Primary Systems Administrator of the ASSA ABLOY ACCENTRA™ KeyMark® protected locking system for the below facility. Such, I hereby accept if I am removed from my duties as Primary Systems Administrator for any reason whatsoever, I will immediately notify ACCENTRA Key Systems Administration, in writing. If I am unable to do so then the person assuming these responsibilities for the Facility will notify ACCENTRA Key Systems Administration, in writing immediately. In these instances, ACCENTRA will require the completion of a revised Notice of Acceptance for the facility.

Facility Name: _____

Mailing Address:

Street: _____
City: _____ State: _____
Zip Code: _____
Phone: _____
Fax: _____
E-mail: _____

Shipping Address:

Street: _____
City: _____ State: _____
Zip Code: _____

By: _____
(Print Name, Primary System Administrator) (Title) (Authorized Signature)

I understand that if any of the authorized representatives of this Facility (as set out below) are removed from their duties for any reason whatsoever, it is my responsibility to notify ACCENTRA Key Records Department, in writing, of their release and the names of their replacements.

Date: _____

Authorized Facility Representatives: (Printed Name)	(Title)	(Authorized Signatures)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach any additional.

(Signature or Initial by System Administrator Only)

ID	Quantity	Configured Product	Hand	Opening Size

Quantity	Hardware Set	Door #	Keying	# of Keys

ID	Quantity	Configured Product	Hand	Opening Size

Quantity	Hardware Set	Door #	Keying	# of Keys

ID	Quantity	Configured Product	Hand	Opening Size

Quantity	Hardware Set	Door #	Keying	# of Keys

Sample Leadsheet - New Systems

Note: Only One Leadsheet/Key System Per Purchase Order

*Required Information

Acc#*: 1234567890 Distributor Name*: ABC HDW P.O. #*: 123456NEW

End User Facility Name*: JFK Contact Name: JOHN SMITH

Job/Building Name*: STADIUM Phone/email: 111-222-3333 / JS@ISD.ORG

End User Address*: 100 MAIN ST

City*: BERLIN State*: CT Zip Code*: 11111

Section 1: System Status

☒ New☐ Existing (provide any below)

REG#*: TMK Bitting and Keyway **: Prior Order #**:

**Used to locate proper Registry # ONLY. All other order requirements must be identified in sections below.

For Order with Field Specified Bittings provide information with PO. See Price Book for possible extra charges.

Section 2: System Type and Design (For New Systems ONLY)

Select System Type, Number of Pins and Level of System and add required future expansions horizontally.

To Select Cylinder Features See Section #6

For Actual Cut Key quantities see Section #7

☒ Conventional
(ACCENTRA Std, IC, SEC)☐ ACCENTRA KeyMark®☐ SFIC A2☐ SFIC A4☐ 5 Pins☒ 6 Pins☐ 7 Pins

Expansions →	Number of Change Keys per Master	Number of Masters per Grand	Number of Grands per Great Grand	Top Master Key Level
Level 1 <input type="checkbox"/>		—	—	—
***Level2 <input type="checkbox"/>		—	—	Master
Level3 <input checked="" type="checkbox"/>	50	10	—	Grand
Level4 <input type="checkbox"/>				Great Grand

*** For Level 2 systems ONLY, the Numbers in the Keyset Symbol comes **before** the Letters (Example: 1AA, 2AA, 3AA...)

Section 3: KEYWAY

ASSA ABLOY ACCENTRA™ Manufacturing will assign keyways unless customer specific keyway is noted below.

Use of High Security and ACCENTRA KeyMark® keyways have to be pre-authorized by ACCENTRA Key Record☐ Customer Specified keyway: _____

Section 4: CROSS KEYING

All Cross Keyed Cylinders need to have keysets with leading "X" on P.O. Example: XAA1

For all Cross Keyed Cylinders, Keysets Operated By (OBY) conditions need to be provided below.

Keyset	Operated By Conditions	Keyset	Operated By Conditions
XAA1	AA3	XAA2	AA3

Section 5: AUTHORIZATION

Security, High Security and ACCENTRA KeyMark® Products Require Authorization

For **NEW** ACCENTRA KeyMark® systems include the **System Information Document** with your P.O.[Click here for template](#)For **EXISTING** systems, if cylinders, keys, keyblanks or bitting lists are NOT shipping directly to end user, please provide authorization documents in the form of Letter of Authorization (LOA) or through the ROA Portal

Sample Leadsheet - New Systems (cont.)

P.O. #*: 123456NEW

Section 9: PACKING INSTRUCTIONS FOR KEYS PRODUCED with PRODUCT*When ordered as CMK keys will be packed and shipped separately from product at no charge*☒ Pack Keys with Product (Standard) ☐ Pack Keys Separately - see Price Book for charges**Section 10: SHIPPING INSTRUCTIONS FOR CHANGE KEYS**

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

**Section 11: SHIPPING INSTRUCTIONS FOR ANY LEVEL MASTER KEYS
(Includes GGGM, GGM, GM, Masters, Sub Masters, Control and Emergency Keys)**

Name: JFK ISD Address: 100 MAIN ST

Att To: JOHN SMITH City: BERLIN State: CT Zip: 11111

Section 12: SHIPPING INSTRUCTIONS FOR CONSTRUCTION MASTER KEYS (MK'ed or TEMPs)

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 13: SHIPPING INSTRUCTIONS FOR KEYBLANKS

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 14: SHIPPING INSTRUCTIONS FOR CORES

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 15: SHIPPING INSTRUCTIONS FOR BITTING LIST

If Bitting List is required, please mark how you want to receive them and provide shipping instructions

☒ Include Keysets that were ordered with product on this PO (no charge)
☐ Expanded bitting list. See Price Book for additional charges (Please provide requirements): _____☒ Excel (via EMAIL) ☐ PDF (via EMAIL) ☐ Paper (via UPS)

E-mail: JH@ISD.ORG Att To: _____

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 16: SHIPPING INSTRUCTIONS FOR KEY WIZARD or SIMPLE K DOWNLOAD FILES

Download files are delivered via email.

If Download file is required, please mark below and provide shipping instructions

☐ Include Keysets that were ordered with product on this PO
☐ Expanded list (Please provide requirements): _____
E-mail (for download files) _____**Section 17: CONTACT INFORMATION FOR INDIVIDUAL COMPLETING THIS FORM**

Name: _____

Phone: _____

E-mail: _____

Sample Leadsheet - Existing Systems

Note: Only One Leadsheet/Key System Per Purchase Order

*Required Information

Acc#: 1234567890 Distributor Name*: ABC HDW P.O. #: 123456ADD

End User Facility Name*: JFK ISD Contact Name: JOHN SMITH

Job/Building Name*: STADIUM Phone/email: 111-222-3333 / JS@ISD.ORG

End User Address*: 100 MAIN ST

City*: BERLIN State*: CT Zip Code*: 11111

Section 1: System Status

☐ New☒ Existing (provide any below)

REG#: 0012345678 TMK Biting and Keyway **: Prior Order #**:

**Used to locate proper Registry # ONLY. All other order requirements must be identified in sections below.

For Order with Field Specified Bittings provide information with PO. See Price Book for possible extra charges.

Section 2: System Type and Design (For New Systems ONLY)

Select System Type, Number of Pins and Level of System and add required future expansions horizontally.

To Select Cylinder Features See Section #6

For Actual Cut Key quantities see Section #7

☐ Conventional
(ACCENTRA Std, IC, SEC)☐ ACCENTRA KeyMark®☐ SFIC A2☐ SFIC A4☐ 5 Pins☐ 6 Pins☐ 7 Pins

Expansions →	Number of Change Keys per Master	Number of Masters per Grand	Number of Grands per Great Grand	Top Master Key Level
Level 1 <input type="checkbox"/>		—	—	—
***Level2 <input type="checkbox"/>		—	—	Master
Level3 <input type="checkbox"/>			—	Grand
Level4 <input type="checkbox"/>				Great Grand

*** For Level 2 systems ONLY, the Numbers in the Keyset Symbol comes **before** the Letters (Example: 1AA, 2AA, 3AA...)

Section 3: KEYWAY

ASSA ABLOY ACCENTRA™ Manufacturing will assign keyways unless customer specific keyway is noted below.

Use of High Security and ACCENTRA KeyMark® keyways have to be pre-authorized by ACCENTRA Key Record☐ Customer Specified keyway: _____

Section 4: CROSS KEYING

All Cross Keyed Cylinders need to have keysets with leading "X" on P.O. Example: XAA1

For all Cross Keyed Cylinders, Keysets Operated By (OBY) conditions need to be provided below.

Keyset	Operated By Conditions	Keyset	Operated By Conditions
XAB2	AB1		

Section 5: AUTHORIZATION

Security, High Security and ACCENTRA KeyMark® Products Require Authorization

For **NEW** ACCENTRA KeyMark® systems include the **System Information Document** with your P.O.[Click here for template](#)For **EXISTING** systems, if cylinders, keys, keyblanks or biting lists are NOT shipping directly to end user, please provide authorization documents in the form of Letter of Authorization (LOA) or through the ROA Portal

Sample Leadsheet - Existing Systems (cont.)

P.O. #*: 123456ADD

Section 9: PACKING INSTRUCTIONS FOR KEYS PRODUCED with PRODUCT*When ordered as CMK keys will be packed and shipped separately from product at no charge*

- ☒ Pack Keys with Product (Standard) ☐ Pack Keys Separately - see Price Book for charges

Section 10: SHIPPING INSTRUCTIONS FOR CHANGE KEYS

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 11: SHIPPING INSTRUCTIONS FOR ANY LEVEL MASTER KEYS
 (Includes GGGM, GGM, GM, Masters, Sub Masters, Control and Emergency Keys)

Name: JFK ISD Address: 100 MAIN ST

Att To: JOHN SMITH City: BERLIN State: CT Zip: 11111

Section 12: SHIPPING INSTRUCTIONS FOR CONSTRUCTION MASTER KEYS (MK'ed or TEMPs)

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 13: SHIPPING INSTRUCTIONS FOR KEYBLANKS

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 14: SHIPPING INSTRUCTIONS FOR CORES

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 15: SHIPPING INSTRUCTIONS FOR BITTING LIST

If Bitting List is required, please mark how you want to receive them and provide shipping instructions

- ☒ Include Keysets that were ordered with product on this PO (no charge)
☐ Expanded bitting list. See Price Book for additional charges (Please provide requirements): _____

- ☒ Excel (via EMAIL) ☐ PDF (via EMAIL) ☐ Paper (via UPS)

E-mail: JH@ISD.ORG Att To: _____

Name: _____ Address: _____

Att To: _____ City: _____ State: _____ Zip: _____

Section 16: SHIPPING INSTRUCTIONS FOR KEY WIZARD or SIMPLE K DOWNLOAD FILES

Download files are delivered via email.

If Download file is required, please mark below and provide shipping instructions

- ☐ Include Keysets that were ordered with product on this PO
☐ Expanded list (Please provide requirements): _____

E-mail (for download files) _____

Section 17: CONTACT INFORMATION FOR INDIVIDUAL COMPLETING THIS FORM

Name: _____

Phone: _____

E-mail: _____

The ASSA ABLOY Group is the global leader in access solutions.
Every day, we help billions of people experience a more open world.

ASSA ABLOY Opening Solutions leads the development within door openings and products for access solutions in homes, businesses and institutions. Our offering includes doors, frames, door and window hardware, mechanical and smart locks, access control and service.

ACCENTRA
ASSA ABLOY

TECHNICAL SUPPORT

(troubleshooting, product use and application, returns)
Tel: 800 810 WIRE (9473)
Email: 800810WIRE@assaabloyusa.com

CUSTOMER SUPPORT

(orders, product configuration, pricing, lead-time)
Tel: 1 855 557 5078 X2
Fax: 1 800 338 0965
Customer Service Email: customerservice.accentra@assaabloy.com
Order Entry Email: orders.accentra@assaabloy.com

U.S.A.:
ASSA ABLOY ACCENTRA™
225 Episcopal Road,
Berlin, CT 06037-4004
Tel: 1 800 438 1951
Fax: 1 800 338 0965
www.accentra-assaabloy.com

Canada:
ASSA ABLOY Door Security Solutions Canada
160 Four Valley Drive
Vaughan, Ontario L4K 4T9
Tel: 1 800 461 3007
Fax: 1 800 461 8989
assaabloydss.ca

International:
ASSA ABLOY Americas International
Tel: 1 905-821 7775
Fax: 1 905 821 1429
assaabloyai.com