

FARPOINTE DATA®

Custom Credentials Order Form



PLEASE READ CAREFULLY AND SIGN BELOW. YOUR ORDER IS ON HOLD UNTIL RECEIPT OF APPROVAL OR CHANGES/CORRECTIONS.

The following items are **non-stock/or non-standard** for our company, and due to these circumstances the following items are **non-cancelable** and **non-returnable** with DMP.

INSTRUCTIONS: Please check the appropriate box for each credential and sign the bottom.

Fax form to **800-743-5724** or email to **customerservice@dmp.com**.

PRODUCT SELECTION (HID PROXIMITY PROTOCOLS SUPPORTED — CHECK ONE)	CUSTOM LABELED CREDENTIALS																																																																													
<input type="checkbox"/> PSC-1-H <input type="checkbox"/> PSM-2P-H <input type="checkbox"/> PSK-3-H <input type="checkbox"/> DE2 <input type="checkbox"/> CSK-2	<input type="checkbox"/> (Refer to Custom Labeled Credentials Order Form)																																																																													
PROGRAMMING DETAILS																																																																														
<input type="checkbox"/> DMP 26-bit Format: Facility Code: 127	<input type="checkbox"/> Standard 26-bit Format: Facility Code: _____																																																																													
<input type="checkbox"/> Other Format (if applicable): Format: _____ Facility Code: _____ Other: _____																																																																														
CARD NUMBERING																																																																														
<input type="checkbox"/> Random Internal/Sequential External	If non-matching selected:																																																																													
<input type="checkbox"/> No External Card Numbering	Internal Card Number Start: _____ Stop: _____																																																																													
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WITH THE SIGNING OF THIS FORM, YOU AND YOUR COMPANY ARE AGREEING TO THE NON-CANCELABLE AND NON-RETURNABLE TERMS ASSOCIATED WITH THE ABOVE MENTIONED.

COMPANY NAME: _____

SHIPPING ADDRESS: _____

CONTACT NAME: _____

PURCHASE ORDER #: _____

SIGNATURE: _____