

Order Form – Remotes/Keys/Fobs

PLEASE RETURN TO – wa@mmj.com.au OR PO BOX 7957, Cloisters Square, Perth WA 6850

Property	y Deta	ils:							
Strata Plar	า			Un	it		Lot		
Property A	Address								
Owner/A	Agent	Placing Ord	ler:						
Owner					or		Authorised	Agent (if applic	able)
Name]	Agent Name	e		
Phone						Emai	I		
Signature									
						essing fees note			entioned lot for the agreement of the
					WIPE CARD		LEN OR DA	MAGED?	
		device was los st need an extr		broken, ID nu	ımber/s to be	cancelled			
Details (
		Key, Remote, Sv	ripe or Fob	Location I	Device Used - Lo	bby, Front Gate	, Rear Gate	Qty	Cost
Please note of ayment is r	an invoicequired	ce will be forwar within 7 days.	ded to the C)wner/Property	Manager once (device has been	issued and	TOTAL COST	
Method	of Co	llection:							
Registered Mail							Collection from MMJ Real Estate Office Person name li		
An addition	nal fee of T	f \$13.00 will be c	harged to th	ne lot owner		7	below, must sh	now photo ID upo	on collection.
Address P	ost To					Name			
		ill not be held lia ay for another d				er will	-		hin 14 business days of er will be canceled.
				OF	FICE USE O	NLY			
Device & S	Serial N	umber Issued						Issue Date	
Collected	Date								
Collected	By (Nai	me)							
		d & Attached				Signature			
רווטנט וט (LHECKEC	Invoiced	=	Sigr	nature of Staff	Member			