

C10 FORM

Application for MK3 iButtons / MK4 NFC Keys

This form is to request Fire Alarm Monitoring Services (FAMS) to provide Black MK3 iButtons or MK4 NFC Keys for Technicians / Fire Service Agents to operate the Code Red ASE Units.

① Complete all form fields as applicable.

MK4 Technician NFC cost per Key:

	I. Details of Requesting Organisation					
	Date of request:		(dd/mm/year)			
	Fire Agent Company:					
	Requestor's contact name:					
	Requestor's phone:					
	Requestor's email:					
	2. Charges for Keys					
	The applicable below charges will be raised to the Requestor's elected billing account number and is due within 30 days.					
MK3 Technician iButton cost per Key:			\$3.50 excl GST			

① If you require assistance with finding your Billing Account number, please contact FAMS Accounts on **1300 793 722** OPT 2 or email <u>au_famsaccounts@chubbfs.com</u>

\$3.50 excl GST

Billing Account number (required):	
Purchase order number (if required):	

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System information				
Technician's full name	Mobile number	Access Key Type required (select which ASE Unit/s)		OFFICE USE ONLY (Serial Numbers)
		MK3 iButtons	MK4 NFCs	
		MK3 iButtons	MK4 NFCs	
		MK3 iButtons	MK4 NFCs	
		MK3 iButtons	MK4 NFCs	
		MK3 iButtons	MK4 NFCs	
		MK3 iButtons	MK4 NFCs	
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		MK3 iButtons	MK4 NFCs	
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(i) Additional postage charges apply for every 10 keys requested.



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Pick Up

4. Collection / Delivery Options

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Keys must be collected in person from Fire Alarm Monitoring Services located at 120 Cutler Road, Jandakot, WA, 6164.

Courier to Premises Requestor must arrange their own courier service to collect the iButtons. The courier charges will be at the expense of the Requestor / Recipient of the iButtons.								
Registered Post FAMS will send the Keys via Registered Post to the Requestors elected delivery address. Postage Charges payable of \$15.00 excl GST charged to Billing Account. Please note that additional postage charges may apply if more than 10 Keys are requested.								
5. Delivery Address (if applicable)								
i If you have selected Courier to Premises or Registered Post as your delivery method, please complete this section.								
Delivery address:								
			Postcode:					
Contact name:		'						
Contact phone:								
Contact mobile:								
6. Collection Confirmation (if applicable)							
i This section must only be compl	eted upon collection for	Courier to Premises or Pick Up op	otions.					
Date collected:		(dd/mm/year)						
Name of Person Who Collected:								
Collecting Company / Business:								
Collector's signature:								
Issuing CSC Operator:								





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OFFICE USE ONLY	
Entered into CRM	
Date of entry: (dd/mm/year)	
Entered into iButton Register	
Date of entry: (dd/mm/year)	
CSC Operator Name:	_