

BEAUMONT

STRATA MANAGEMENT

Access device application Owner or Property Manager to Complete

Strata Plan/Community No: _____ Unit: _____ Lot: _____

Property Address: _____

No. Required - Fob: _____ Remote: _____ Swipe: _____ Keys: _____

Property Owner's Details

Owner Name _____

Contact Name(s) _____

Contact Number _____

Contact Email _____

Please only complete this section if you are ordering on behalf of a tenant

Tenants are not permitted to order Access Devices - Please have your Property Manager complete and order on your behalf.

Real Estate Agency: _____

Property Manager: _____ Contact Number: _____

Delivery or Collection Method

- ☐ Pickup (Owner or Agent/Tenant to collect from Beaumont Strata Management)
Collection is from Suite 5, 38 Brookhollow Avenue, Norwest 2153

Authorised person collecting device: _____

- ☐ Express Post (\$15.00 incl. GST)

Postal Address: _____

Contact Name: _____ Recipient Mobile: _____

NOTE: All devices come with a three-month manufacturer's warranty and should be tested upon receipt. We would also suggest that you keep a record of the recipients of these devices. Beaumont Strata Management does not take responsibility for posted devices once they have left our office. All devices/keys are non-refundable.

Signed _____ Date ____/____/____

*By Signing this authority form you are authorising Beaumont Strata Management to activate the Security Device and charge the device fee to the Owners account.

Please email your completed form to info@beaumontstrata.com.au

ALL SALES ARE FINAL

Liability limited by a scheme approved under Professional Standards Legislation