



MLAK ORDER FORM



LOCKSMITHS

Order Date:

APPLICANT DETAILS

First Name:

Last Name:

Delivery Address:

Suburb:

State:

Post Code:

Email:

Please include one of the following with your order form:

A letter from a Doctor

A letter from a Disability Organisation

A copy of your Disability Card

A copy of your Disability Parking Permit

OR

Organisation Validation

I,

declare that the applicant above has a valid need to access accessible toilet, lifts, and change facilities that use the MLAK key system.

Signature:

Organisation:

ORDER DETAILS

Number of MLAK keys (\$20 each):

Key Cost

Delivery (\$19.80) TOTAL \$:

PAYMENT DETAILS

Name on Card:

Signature:

Card Number:

Expiry Date:

/

CCV:

VISA:

MASTERCARD:

HORSHAM OFFICE
1 Firebrace Street, Horsham VIC 3400
(03) 5382 3819

MELBOURNE OFFICE
110 Bell Street, Preston VIC 3072
(03) 9495 1122

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