

NEWNS AND SON LOCKSMITHS

4201 LEVICK STREET
PHILADELPHIA, PA 19135-3109
215-333-0118

KEYS & LOCKS
EXPERT LOCK SERVICE



AUTHORIZATION FOR SECURITY/EMERGENCY SERVICES And PURCHASE AGREEMENT.

I **HEREBY CERTIFY** that I have the authority to order and have performed lock, key, safe, automotive lock, or other work designated hereon. Further, I agree to absolve the bonded and insured locksmith who bears this authorization, from any and all claims which may arise from the performance of such work and/or not to hold that person responsible for any reason whatsoever. I further agree to bear the responsibility to ensure that payment is made to **NEWNS AND SON LOCKSMITHS** for all charges for such work.

PLEASE PRINT

MY NAME _____

DRIVERS LICENSE # _____ D.O.B. ____/____/____

REPRESENTING _____

ADDRESS _____ PHONE ____ - ____ - ____

CITY _____ STATE _____ ZIP _____ - ____

IF REAL ESTATE:

JOB NAME _____ CONTACT _____

LOCATION _____

CITY _____ STATE _____ ZIP _____ PHONE ____ - ____ - ____

IF AUTOMOTIVE:

Make: _____ MODEL _____

COLOR _____ YEAR _____

LIC # _____ STATE _____ Vin#: _____

I also agree to pay a billing fee of \$25.00, along with the interest rate of 1.5 % (18 % per annum) every 30 days that the net due is late, and to pay the locksmith for any lost time along with any expense incurred in the course of collection of this bill. **ALL ACCOUNTS ARE DUE & PAYABLE BY THE 10TH OF THE MONTH FOLLOWING DATE OF INVOICE.**

SIG. _____ DATE _____ TIME _____

PLEASE PRINT

Date : _____ **Day:** _____ **Time:** _____

Name: _____

Address: _____

City: _____ **St:** _____ **Zip:** _____

Home Phone: _____ **Apt#:** _____

Work Phone: _____ **Contact:** _____

Co. Name: _____

Co. Address: _____

Job Loc: _____ **Apt#:** _____

Cross St's: _____

Directions: _____

Problem: _____

Remarks1: _____

Remarks2: _____

Service call: _____ **Open auto:** _____

Locks: _____ **Open property:** _____

Cylinder C/C: _____ **Open padlock:** _____

Dupe keys: _____ **Open mailbox:** _____

Labor: _____ **Safe comb. chg:** _____

Tax 7 %: _____ **Other:** _____

Total: _____ **Paid:** _____

Type pmt: _____ **Bal:** _____

Parts used: _____

Taken by: _____

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PLEASE PRINT			
MY NAME _____			
DRIVERS LICENSE # _____		D.O.B. ____/____/____	
REPRESENTING _____			
ADDRESS _____		PHONE ____ - ____ - ____	
CITY _____	STATE _____	ZIP _____	- _____

IF REAL ESTATE:

JOB NAME _____ CONTACT _____

LOCATION _____

CITY _____ STATE _____ ZIP _____ PHONE ____ - ____ - ____

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SIG. _____ DATE _____ TIME _____

A fee of \$25.00 will be charged for all returned checks. NO EXCEPTIONS

Blanket

AUTHORIZATION FOR SECURITY/EMERGENCY SERVICES And PURCHASE AGREEMENT.

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PLEASE PRINT

MY NAME _____
DRIVERS LICENSE # _____ D.O.B. ____/____/____
REPRESENTING _____
ADDRESS _____ PHONE ____-____-____
CITY _____ STATE _____ ZIP _____

IF REAL ESTATE:

JOB NAME _____ CONTACT _____
LOCATION _____
CITY _____ STATE _____ ZIP _____ PHONE ____-____-____

IF AUTOMOTIVE:

Make: _____ MODEL _____
COLOR _____ YEAR _____
LIC # _____ STATE _____ Vin#: _____

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SIG. _____ DATE _____ TIME _____

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Fees and charges are as follows:

Service charge (Day):	\$45.00	(9 am to 5 pm)
Hourly Labor (Day):	\$45.00	(9 am to 5 pm)
Service Charge (Evening):	\$67.50	(5 pm to 9 pm)
Hourly Labor (Evening):	\$67.50	(5 pm to 9 pm)
Service Charge (Late Night):	\$90.00	(9 pm to 9 am)
Hourly Labor (Late Night):	\$90.00	(9 pm to 9 am)
Duplicate keys in store:	\$ 1.50	(Domestic)
Duplicate keys on street:	\$ 2.00	(Domestic)
Cylinder changes:	\$11.50	
Neuter bow "Do Not Duplicate":	\$ 2.50	(Domestic)

Above prices are subject to change with 30 days notice.

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215-333-0118

KEYS & LOCKS
EXPERT LOCK SERVICE



**THIS FORM MUST BE FILLED OUT BY NEWNS AND SON FOR ALL KEYS
PRESENTED FOR DUPLICATION THAT BEAR THE BELOW STAMPINGS:**

**DO NOT COPY
DO NOT DUPLICATE
UNLAWFUL TO COPY
UNLAWFUL TO DUPLICATE
OR ANY OTHER SIMILAR WORDING**

**ANY KEYS PRESENTED FOR DUPLICATION WITH TAPE, PAINT, OR ANYTHING
COVERING THE KEY HEAD WILL BE REMOVED.**

=====

TODAYS DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____

DRIVERS LICENSE. NUMBER: _____

ISSUING STATE: _____

=====

KEY BLANK DESCRIPTION: _____

QUANTITY REQUESTED: _____

CODE NUMBER: _____

CUTS: _____

=====

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

=====

(OVER)

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO ORDER THE ABOVE DESCRIBED KEY(S) DUPLICATED. I AGREE TO ABSOLVE NEWNS AND SON LOCKSMITHS AND THEIR EMPLOYEES OF ANY CRIMINAL OR CIVIL ACTION RESULTING FROM ILLEGAL USE OF THIS/THESE KEY(S).

SIGNATURE: _____

WITNESS: _____

LOCKSMITH MAKING DUPLICATES: _____

REMARKS: _____

**KEYS & LOCKS
EXPERT LOCK SERVICE**



Newns and Son Locksmiths

William B. Newns Sr.
Owner
4201 Levick Street
Philadelphia, PA 19135-3109

Telephone 215-333-0118
Fax 215-333-5689

Date: _____

I, _____, Do hereby acknowledge that by signing this document, I agree to pay all expenses incurred by Newns and Son Locksmiths. For costs incurred in the collection of check # _____, drawn on _____ bank.

This check is issued in the amount of \$ _____. For work performed on the above date. On property located at _____. Or for bench work or purchases at their store. I also agree to pay a returned check fee of \$25.00 to Newns and Son Locksmiths.

Signature

**KEYS & LOCKS
EXPERT LOCK SERVICE**



1967-1997

Newns and Son Locksmiths

William B. Newns Sr.
Owner
4201 Levick Street
Philadelphia, PA 19135-3109

Telephone 215-333-0118
Fax 215-333-5689

Master key survey

Date: _____ Time: _____ By: _____

Company name: _____

Address: _____ Building/floor: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax#: _____ Contact: _____

Door #: _____ Office/room name: _____

Door made of: _____ Jam made of: _____

Hand: LH RH LHRB RHRB Lock Mfr: _____

Lock type: _____ Finish: _____ ADA Approved: _____

Closer Mfr: _____ Finish: _____ ADA Approved: _____

Keys needed to work: _____

Our key # from computer: _____