



Parking and Fleet Hard Case Tag Order Form

Complete this form by using the tab key (do not use enter key). Tab between the designated fields and type the requested information. Make selections from the drop-down menus and checkboxes where indicated. Refer to Form 16-0098-002 Rev A for complete instructions

Incomplete forms will cause delays in processing your order! Contact your order administration representative if you need assistance.

CUSTOMER INFORMATION		
Prepared by:	P.O. #:	Application (use drop-down menu)
Shipping Instructions:	Project Name:	

BILL TO		
Customer Name:		
Street Address:		
City:	State:	Zip:
Telephone Number: ext.	Email:	

SHIP TO		
Company Name:		
Address:		
City:	State:	Zip:
Contact Name:	Telephone Number :	ext.

TAG AND PROTOCOL INFORMATION						
<p>Please use a separate form for each tag type ordered.</p> <p>*IMPORTANT: Match the protocol option(s) with the reader to be used at the site (see Fixed Reader Information section below).</p>						
Quantity	Type	Description	Protocol * Option(s)	Dominant Option	Unit Price	Extended Price
	Access Control					
	Transportation					
	License Plate					
	Mini External					
	Materials Only					
Access Control & Transportation Tags: For order quantity of less than 100 of each Part Number, MSRP+\$150 set-up charge applies.						
LPT's & Mini External Tags: Minimum order quantity (MOQ) is 50 tags.						

PROGRAMMING DATA INFORMATION	
PLEASE ANSWER ALL QUESTIONS	
Select the tag you are ordering:	
Programmed Tag	Blank Programmed Tag
ASCII Tag Format:	
a) ASCII Format :	
b) ASCII 4-Character Prefix:	
c) First ID (include preceding zeros):	
d) Programming: Fill in text fields with numbers, letters, or blank spaces.	
i. Half Frame	OR
ii. Full Frame	
Wiegand Tag Format (Do not enter Wiegand format data if using Full-Frame Tag)	
a) Wiegand Format Name:	
b) Facility Code:	
c) First ID:	
BARCODE LABEL PRINT INFORMATION	
Barcode (required): The barcode must contain <i>either</i> Customer ID <u>-OR-</u> SeGo ID	
Select One: Customer ID <input type="checkbox"/> OR SeGo ID <input type="checkbox"/>	
Authorized Name:	Authorized Signature: Date:

FIXED READER INFORMATION
IMPORTANT: Reader information is required to ensure the tag/reader combinations are compatible.
Reader Type:
Reader Serial Number:
And / Or
Reader Part Number:
PREVIOUS PURCHASE ORDER
Please enter the previous Purchase Order Number pertaining to this Purchase Order:
END USER NAME & LOCATION
COMMENTS / SPECIAL INSTRUCTIONS