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## TorxPlus® Authorization Letter

Date: \_\_\_\_\_

Item(s): \_\_\_\_\_ TorxPlus® Tamper-Resistant hex insert bit.

I, \_\_\_\_\_, a purchaser of tamper-resistant TorxPlus® tooling, intend to draw the benefit of the security value these products provide for installation and/or maintenance through the use of TorxPlus® fasteners.

We also acknowledge and agree with the need to assist in maintaining the security value of these tools in order to preserve the effectiveness of the fasteners for which they are to be used. We agree to keep and maintain these tools in a secure manner that will prohibit access to them by unauthorized personnel.

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Job Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_