



## Charge Account Set-up Form

Authorizing Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City/ST/ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please Select Your Payment Method By Checking ONE Box Below:

I hereby authorize Texas Rekey Service Inc., billing agent for Arizona Rekey Services LLC, to charge my credit card upon completion of each job.

I am a Property Manager/ Licensed Real Estate Agent, and I plan on regularly using Arizona Rekey Services LLC to provide me with locksmith services. I agree to pay each invoice within 30 calendar days of the invoice date. I also understand, and authorize by my signature below, that if payment is not received within 30 calendar days from the invoice date, Texas Rekey Service Inc., billing agent for Arizona Rekey Services LLC, may charge my credit card for the full amount owed.

Cardholder's Name: \_\_\_\_\_  
Cardholder's Title: \_\_\_\_\_  
Cardholder's Telephone: \_\_\_\_\_  
Cardholder's Billing Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_ Card Type:  Visa  MasterCard  AMEX  Discover  
Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ :Code \_\_\_\_\_

I, (print) \_\_\_\_\_ authorize Texas Rekey Service Inc., billing agent for Arizona Rekey Services LLC, to charge my credit card based on my selection above.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

In addition to myself, the following personal are authorized to order locksmith services under this agreement:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

Please email this form to: [ALRoot@Rekey.com](mailto:ALRoot@Rekey.com) or fax this form to Arizona Rekey Services LLC at 623-236-8410. Our central billing office is: Texas Rekey Service, Inc., 1421 Wells Branch Parkway Bldg. #1, Ste 104, Pflugerville, TX 78660 - Thank you!