Key Codes Access

Application

Brooklyn, NY 11230 (718) 404-9691

[autocode@autocode.us](mailto:autocode@autocode.us)

Please submit all of the items below to us via fax: (718) 404-9691 or Email: [accounts@autocode.us.](mailto:accounts@autocode.us) All the information provided on your application will be verified.

We will send you an email confirmation after your background check has been completed and all items have documents processed. Please allow up to 6 business days for approval.

AUTOCODE Reserves the right to cancel\decline service at any time and for any reason without notice.

Company Application Government Issued Photo ID (for each user) Business License Additional Authorized User Application(s)

Credit Card Authorization Locksmith License (or Yellow Pages ad where licensing is not applicable)

HOW TO ACCESS CODES:

THE SYSTEM IS AVIABLE 24/7 (EXCLUDING SYSTEM MAINTENANCE)

ONLINE WEBSITE: [www.autocode.us](http://www.autocode.us/)

SMARTPHONE APP: Android 2.1 or newer \ Apple iPhone Os5.2 or newer

PC SOFTWARE: AC Tool

■ The VIN (Vehicle Identification Number) should be taken from the vehicle itself and not from paperwork

■ AUTOCODE Will verify the VIN, in some cases AUTOCODE will not be able to verify the VIN so you will

have to manually select the Make, Year and Model

■ Always make sure that Locks, ECU's, Immobilizer units are factory original.

■ CODES ARE NOT REFUNDABLE

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Company Application

AUTOCODE

Brooklyn, NY 11230

(718) 404-9691 [autocode@autocode.us](mailto:autocode@autocode.us)

COMPANY NAME

ADDRESS CITY STATE ZIP

COMPANY INFORMATION

OFFICE PHONE CELL PHONE FAX

EMAIL ADDRESS TAX ID # LOCKSMITH LICENSE

OWNER NAME DRIVER’S LICENSE STATE

Corporation LLC Partnership Sole Proprietor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TRADE REFERENCES | COMPANY NAME | CONTACT NAME | | PHONE | ACCOUNT # |
| ADDRESS | CITY | STATE | ZIP | DATE ACCT ESTABLISHED |
| COMPANY NAME | CONTACT NAME | | PHONE | ACCOUNT # |
| ADDRESS | CITY | STATE | ZIP | DATE ACCT STABLISHED |
| COMPANY NAME | CONTACT NAME | | PHONE | ACCOUNT # |
| ADDRESS | CITY | STATE | ZIP | DATE ACCT ESTABLISHED |

We cannot provide any codes until we receive a copy of the following: Business License, Locksmith License (where applicable) or other similar documentation, and a Driver’s License for each employee that will be submitting requests. The normal time needed to process a code request is 5 to 30 minutes. Exceptions and longer times may occur. Not all codes are available after 5:30pm CST. You will be contacted by phone, email or fax when the requested code is available. Neither Autocode nor JNZT Web Services are responsible if the codes are no longer compatible with any locks or engine control computers that have been installed after the initial production date. Please allow up to 3 business days for approval of your application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TERMS & CONDITIONS | INITIALS | DATE | The key codes and information I receive are for use within the stated company and will not be sold or given to anyone outside of my company. | |
| INITIALS | DATE | I will use the information I receive from Autocode and JNZT Web Services in a lawful manner. | |
| INITIALS | DATE | I hereby agree to absolve, defend, indemnify and hold harmless: the owners, management, employees, subcontractors, and affiliates of Autocode from any and all claims arising from the authorized or unauthorized use of the requested, specified and acknowledged services described herein. | |
| INITIALS | DATE | I declare that I am requesting vehicle information on behalf of my customer and I will examine their driver’s license and either title or registration to prove they are the vehicle owner. | |
| INITIALS | DATE | I will not retain any codes obtained from Autocode or JNZT Web Services after services are completed. | |
| INITIALS | DATE | I understand that a violation of this agreement will terminate my business relationship with Autocode. | |
| I am acknowledging and giving permission to Autocode and JNZT Web Services to run a background check on myself, my company and any individuals associated with the accessing of key code information. I do solemnly swear, affirm, and promise under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a false material statement punishable by fines of up to $10,000 or by imprisonment of up to five years, or both, that the statements contained herein are true and accurate. A violation of any part of this agreement will cause the termination of business relations with Autocode and/or JNZT Web Services. I understand that phone conversations with Autocode and JNZT Web Services may be recorded for security purposes. | | | |
| PRINT NAME | | | TITLE |
| SIGNATURE | | | DATE |

|  |  |  |  |
| --- | --- | --- | --- |
| FOR AUTOCODE USE ONLY | REVIEWED BY | DATE | NOTES |

Additional Authorized User

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| COMPANY INFORMATION | COMPANY NAME | | | |
| ADDRESS | CITY | STATE | ZIP |
| As the employer, I hereby agree to oversee and take responsibility for the proper use of any key codes given to my company. | | | |
| PRINT NAME | TITLE | | |
| SIGNATURE | DATE | | |

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE INFO | EMPLOYEE NAME | | |
| PHONE | DRIVER’S LICENSE STATE | LOCKSMITH LICENSE |

We cannot provide any codes until we receive a copy of the following: Company Application with supporting documentation, Employee Locksmith License

(where applicable) or other similar documentation, and a Driver’s License for each employee that will be submitting requests.

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| --- | --- | --- | --- | --- |
| TERMS & CONDITIONS | INITIALS | DATE | The key codes and information I receive are for use within the stated company and will not be sold or given to anyone outside of my company. | |
| INITIALS | DATE | I will use the information I receive from Autocode and JNZT Web Services in a lawful manner. | |
| INITIALS | DATE | I hereby agree to absolve, defend, indemnify and hold harmless: the owners, management, employees, subcontractors, and affiliates of Autocode from any and all claims arising from the authorized or unauthorized use of the requested, specified and acknowledged services described herein. | |
| INITIALS | DATE | I declare that I am requesting vehicle information on behalf of my customer and I will examine their driver’s license and either title or registration to prove they are the vehicle owner. | |
| INITIALS | DATE | I will not retain any codes obtained from Autocode or JNZT Web Services after services are completed. | |
| INITIALS | DATE | I understand that a violation of this agreement will terminate my business relationship with Autocode. | |
| I am acknowledging and giving permission to Autocode and JNZT Web Services to run a background check on myself. I do solemnly swear, affirm, and promise under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or for making a false material statement punishable by fines of up to $10,000 or by imprisonment of up to five years, or both, that the statements contained herein are true and accurate. A violation of any part of this agreement will cause the termination of business relations with Autocode and/or JNZT Web Services. I understand that phone conversations with Autocode and JNZT Web Services may be recorded for security purposes. | | | |
| PRINT NAME | | | TITLE |
| SIGNATURE | | | DATE |

COPY OF EMPLOYEE’S GOV’T ISSUED PHOTO ID MUST ACCOMPANY

THIS AUTHORIZATION

|  |  |  |  |
| --- | --- | --- | --- |
| FOR AUTOCODE USE ONLY | REVIEWED BY | DATE | NOTES |

Credit Card Authorization

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CARD INFONRMATION | COMPANY NAME | | NAME ON CARD | | | |
| BILLING ADDRESS | | CITY | | STATE | ZIP |
| PHONE FOR CREDIT CARD | FAX | | | EMAIL ADDRESS | |
| CARD NUMBER | EXPIRATION DATE | CVV | TYPE  VISA MC AMEX \ DISC | | |

|  |  |  |  |
| --- | --- | --- | --- |
| AUTHORIZATION | I hereby authorize Autocode Inc and JNZT Web Services to automatically charge the credit card listed above on the 1st and 15th day of each month for invoiced charges. A detailed statement will follow via email or fax number provided. I also agree to abide by the conditions set forth in the card issuer’s agreement.  In the event of litigation relating to the subject matter of this Agreement, the non-prevailing party shall reimburse the prevailing party for all reasonable attorney, merchant and credit card processor fees and costs. | | |
| SIGNATURE | PRINT NAME | DATE |

COPY OF CARDHOLDER’S GOV’T ISSUED PHOTO ID MUST ACCOMPANY THIS AUTHORIZATION