



KAMAND LOCKSMITH

135 Valencia St #A309 San Francisco, CA 94103

Phone: (415)861-8895 Fax: (415)241-0666

www.KamandLocksmith.com

Kamand Locksmith Account Form

Please fill out this form and submit via:

E-mail: Eddie@kamandlocksmith.com

Or

Mail: 135 Valencia St #A309, San Francisco, CA 94103

Company Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Contact Person:

Name: _____

Position: _____ Phone: _____ Cell: _____

E-mail: _____

*Credit Card Information:

Type: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover ☐ Other

Name On Card: _____

Card Number: _____ Expir _____

Security Code: _____ Card Billing Zip Code: _____

Authorized Signature: _____

*Authorization:

I, _____

(Name) (Title)

Of _____ am authorized to act as an agent or

(Company Name)

Representative for _____ in entering into this agreement

to open a Billing Account effective _____ for the purpose of charging all

Locksmith services. I agree and I and /or _____

(Company Name)

will be held fully responsible for payment of all charges made to this account.

In addition , I agree to the following terms:

1. Payment is to be remitted within 30 days of invoice date.

2. There is a \$30.00 fee for returned /insufficient checks.

3. The Credit Card Above will be charged after 60 days from invoice Date if no payment remitted to Kamand Locksmith.

(Authorized representative Signature) (Date)

Kamand Locksmith Services