

eKey UPGRADE/DOWNGRADE/CANCEL
 — FOB Exchange

STAFF USE ONLY:

Location: _____

Date processed in SupraNET: _____

Staff name: _____

Must be completed by staff person

Member Name: _____ Member# or License#: _____

FIRM Name: _____ Firm#: _____

Cancel eKey Services: Keyholder may be due a refund* prepaid fees provided member is in good standing

eKey Serial #	Software license is inactivated upon Cancellation
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- FOB is DEFECTIVE:** Replacement issued under warranty if returned within one year from initial purchase.
- FOB is Lost/Stolen/Damaged:** replacement FOBS that are lost, stolen, or damaged must be purchased at the then current price.

<input type="checkbox"/> Change Service Level:	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Downgrade
Current Service		New Service
<input type="checkbox"/> dKey - Returned serial # _____		<input type="checkbox"/> dKey—Enter Serial # _____
<input type="checkbox"/> Returned Cradle# _____		<input type="checkbox"/> Enter Cradle# _____
<input type="checkbox"/> eKeybasic - Enter Serial # _____		<input type="checkbox"/> eKey Basic—Enter Serial # _____
<input type="checkbox"/> eKey Pro - Enter Serial # _____		<input type="checkbox"/> eKey Pro—Enter Serial # _____
		<input type="checkbox"/> Already Has FOB <input type="checkbox"/> Purchasing FOB

FOB's are required for eKey Service. Separate payment is required.

Upgrading service level requires payment of prorated annual fee for that service level less credit for prepaid fees at current service level with no additional deposit or setup fee. Next annual billing will be at upgraded service rate. Keycard user fees run from July 01 - June 30. eKey professional users must prepay annual differential and complete an auto debit agreement for monthly fees beginning on next annual service year.

Upgrade service amount due: _____

Downgrading service from eKey Pro requires payment of prorated annual fee for the new service level (using next month's proration, as the current month is prepaid with no credit due).

TOTAL AMOUNT DUE AT SIGNING: \$ _____

Paid by: Check # _____ Cash Visa MC Discover AMEX

Credit Card # _____ Exp Date: __/__/__ Billing Zip Code: _____

Note: _____

Member Signature : _____ Date: _____

Keyholder Address for refund (if applicable): _____

Accounting Use Only:

Change Bill Type to: _____

Amount of Refund: _____

Processed by: _____

Date: _____

Refund Approved

Process by: _____

Amount of Refund: _____

Date: _____

GL Code: _____

Vendor Code: _____

***All refunds are subject to verification by accounting. Allow 4-6 weeks for delivery.**