



Tattoo Apartments – Key/Swipe Card Request Form

Tattoo Body Corporate
C/- Complete Body Corp Solutions Ltd
5 Bengal Street,
Khandallah,
Wellington 6035

Apartment Number: _____ Date: ___/___/_____

Number of Swipe Cards/ FOBs Requested: _____ Number of Keys Requested: _____
(Please circle card or FOB to indicate preference. A Fob is a little key chain toggle.)

Requested by: _____

Proprietor / Property Manager / Agent (please circle applicable title)

I, _____, understand that the suppliers of the
swipe cards/FOBs/keys will charge for any new swipe cards/FOBs/keys issued. I agree to pay the
invoice for any swipe cards/FOBs/keys by the due date of the invoice. I understand that if I do not
pay the invoice by the due date that collection action may be commenced and that I will be liable for
all costs incurred as a result.

The billing address for the invoice is:

_____/_____/_____
Signature Name Date

By signing this form I agree to pay the invoice for the keys and or swipe cards/fobs before they are delivered and understand that a list of
key and swipe card/FOB holders is maintained for security reasons.