

A-1 Mobile Lock And Key
6506 Village Rd, Jefferson City, MO 65101
573-395-4001

AUTHORIZATION FOR ELECTRONIC SERVICES

I hereby authorize Robert Klinkner of A-1 Mobile Lock And Key, LLC or any of his assigned agents to perform an electronic procedure on the Engine Control Module, ECU or ICU unit that I will supply to him. The electronic procedure will cause the Engine Control Module, ECU or ICU to have the ability to learn new transponder keys without an existing Pre-Registered Master Transponder Key. I also agree to correctly determine the owner of the vehicle and will gain his/her permission to have this procedure done. I will collect his/her full name, address, telephone number, License plate number, Vehicle Identification Number (VIN), year, make, and model of the vehicle for which the Engine Control Module, ECU or ICU unit is to be used.

DISCLAIMER FOR ELECTRONIC SERVICES

Robert Klinkner or A-1 Mobile Lock And Key, LLC does not warrant any circuitry in the Engine Control Module, ECU or ICU unit supplied to us. No liabilities for any use of the modified Engine Control Module, ECU or ICU are assumed whatsoever for any costs, claims, or damages filed for or caused by correct or incorrect use of the modified Engine Control Module, ECU or ICU unit. Robert Klinkner or A-1 Mobile Lock And Key, LLC cannot be and is not responsible for any type of damage, intentional or otherwise, caused by the use of the modified Engine Control Module, ECU or ICU. Robert Klinkner or A-1 Mobile Lock And Key, LLC is not responsible for any type of harm, whether physical or otherwise, to the car dealer, parts supplier, locksmith, or their customers due to correct or incorrect use of the modified Engine Control Module, ECU or ICU.

PRINT FULL NAME _____

SIGNATURE _____ **DATE** _____

PRINT YOUR EMAIL ADDRESS _____

PLEASE USE LARGE AND CLEAR PRINTING

FAILURE TO DO THIS CAN CAUSE A DELAY IN SERVICE

VIN: _____

YEAR _____ **MAKE** _____ **MODEL** _____

NAME: _____ **COMPANY:** _____

ADDRESS: _____ **CITY** _____ **STATE** _____

ZIP CODE _____ **TELEPHONE #:** _____

KEYCODE: _____ **ECM Number** _____

Return Shipping Prices for USA Only: (Call for shipping prices outside of USA)

Standard Shipping with Insurance \$15.00 _____

Next Day Shipping with Insurance \$65.00 _____

Second Day Shipping with Insurance \$45.00 _____

Payment Info if paying with Credit Card

Type of credit card _____

Card # _____

EXP Date _____

C V V # (Last 3 digits on back of card on signature panel) _____