

The Rose Medical Plaza

12700 N. Featherwood, Houston, Tx

ACCESS CARD FORM

Must be approved by Manager or Authorized Personnel

PLEASE PRINT OR TYPE TO ENSURE ACCURATE INFORMATION IS RECORDED

Date: _____

Name of Applicant: _____
(Please Print)

Company: _____ Suite: _____ Work Phone: _____

New Access Card _____ Card not working properly # _____
 Delete Card # _____ Re- Issue Card # _____
 Lost Card # _____ Replace Broken Card # _____
 Change Card Information Other # _____

Conditions for card issuance:

- 1. Lost Cards- A \$10.00 non-refundable fee is assessed for lost cards.**
2. Defective Card – If a card is defective, broken, cracked or will not work due to normal wear and tear, it will be replaced free of charge if attached to a card replacement form, otherwise it will be considered lost. A \$10.00 fee will be assessed for cards that need to be replaced because they are warped from being left in direct sunlight inside your car or damaged in some other way that would not be considered normal wear and tear.

By signature below the user agrees to be bound by the terms and conditions stated above.

APPLICANT SIGNATURE _____

MANAGER SIGNATURE _____

OFFICE USE ONLY

Date Received _____

Card deleted: Embedded # _____ Employee # _____

Card Activated: Embedded # _____ Employee # _____

Card Charges completed by: _____

Date delivered to tenant: _____

Bill tenant account _____ Paid by employee check # _____

FORM MUST BE COMPLETED IN FULL TO PROCESS