

COMPANY / DEPARTMENT INFORMATION



(Please fill-out one form for Main account or one form for each client Department to be set-up)

DEPARTMENT _____ COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____ FAX _____

DO YOU REQUIRE SEPARATE DEPARTMENT BILLING? _____ YES/NO

BILLING CONTACT _____ BILLING PHONE# _____ BILLING EMAIL _____

AUTHORIZED USERS

ADD _____
NAME _____ PHONE#/EXT. _____ EMAIL _____

REMOVE _____
WEB USER ID / 4 DIGIT CODE / PASSWORD _____ DELIVERY LOCATION (IF DIFFERENT FROM ABOVE) _____

ADD _____
NAME _____ PHONE#/EXT. _____ EMAIL _____

REMOVE _____
WEB USER ID / 4 DIGIT CODE / PASSWORD _____ DELIVERY LOCATION (IF DIFFERENT FROM ABOVE) _____

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NAME _____ PHONE#/EXT. _____ EMAIL _____

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ADD _____
NAME _____ PHONE#/EXT. _____ EMAIL _____

REMOVE _____
WEB USER ID / 4 DIGIT CODE / PASSWORD _____ DELIVERY LOCATION (IF DIFFERENT FROM ABOVE) _____

_____ IF DESIGNATED, DEPARTMENT ADMINISTRATOR WILL BE ABLE TO MAKE DECISIONS ON ACCESS AND RETENTION FOR DEPARTMENT

(PLEASE REMEMBER TO ADD CONTACT INFORMATION TO AUTHORIZED USER LIST ABOVE)

The individuals listed above are authorized to access and retrieve material stored with Underground Archives.

ADMINISTRATOR SIGNATURE _____

DATE _____

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