



# CLIENT AUTHORIZATION CHECKLIST

**Account #:** \_\_\_\_\_

**CLIENT NAME:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

**CLIENT PRIMARY ADDRESS:** \_\_\_\_\_

**NEW CLIENT?** Yes  No

**PRIMARY CONTACT** \_\_\_\_\_ **Secondary Contact** \_\_\_\_\_

**PRIMARY CONTACT PHONE** \_\_\_\_\_ **Secondary Phone** \_\_\_\_\_

**PRIMARY CONTACT E-MAIL** \_\_\_\_\_ **Secondary e-mail** \_\_\_\_\_

The list of personnel authorized to access company information has been approved to this date by the responsible person, whose name, signature, and title appear below. To make any changes to this list, a new list must be prepared with new printed names and signatures, authorized by the responsible person appearing hereon or by letter of authorization from an executive officer of the company.

<b>Title: Signature:</b>	<b>Contact Phone</b>	<b>Printed Name: E-Mail Address:</b>
Title:		Name:
*Sign:		e-mail:
Title:		Name:
*Sign:		e-mail:
Title:		Name:
*Sign:		e-mail:
Title:		Name:
*Sign:		e-mail:
Title:		Name:
*Sign:		e-mail:

**\*Responsible Person** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Must be wet signature**

**Return the completed and signed form to: FAX 661-397-3672 or email to [customerservice@advanceddatastorage.com](mailto:customerservice@advanceddatastorage.com)**