

ACCESS AUTHORIZATION FORM

Company Name _____ Account # _____
 Address _____ Primary Contact _____
 Address 2 _____ Phone _____ Fax _____
 City _____ State _____ Zip _____ Email _____

Deliveries will be released to any company employee unless otherwise specified at the time of order.

Any additions, deletions, or security code changes must be made and submitted to BRM in writing by an authorized Company representative. All changes require 48-hour processing time.

AUTHORIZED PERSONNEL FOR ACCESS TO RECORDS AND/OR COMPUTER MEDIA

All users have access to all Company departments, unless a specific department(s) is listed below.

Add User	Edit User	Remove user	USER NAME (Please Print Clearly)	Security Code (4 digit)	This user can only access these department(s)	This user can add/remove other users	This user can destroy inventory

BRM is not responsible for verification of requestor if a security code is not listed above.

With my signature below, as authorized representative for Company, I authorize the individuals listed above, including myself, to have access to Company's records and/or computer media.

 Printed Name

 Title

 Signature

 Date