

BUSINESS RECORDS MANAGEMENT LLC

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BUSINESS RECORDS MANAGEMENT
Your Peace of Mind is Our Priority

ACCESS AUTHORIZATION FORM

Company Name: _____ **Account #:** _____

Contact Person: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email Address: _____

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 the Company representative. All changes require a 48-hour verification prior to use.

AUTHORIZED PERSONNEL FOR ACCESS TO RECORDS AND/OR COMPUTER MEDIA

NAME (Please Print)	4 DIGIT PASSCODE*	PLEASE MARK		
		Add	Remove	Change
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* BRM is not responsible for verification of requestor if a passcode is not listed above.

I, _____ representative for Company, authorize the individuals listed above to have access to Company's records and/or computer media. **(Remember to also include yourself above).**

Company Representative Signature: _____

Company Representative Title: _____

Date: _____

Email this form to BRM custsupport@businessrecords.com. Please be certain to retain a copy of this form for your records.