



Authorization Form

Current Customer Name: _____

Address: _____

City/State/Zip: _____

Customer Number or Telephone Number(s): _____

I am the customer of AcenTek for telecommunications services under the account identified above and request and authorize AcenTek to disclose to the Authorized Person(s) identified below, upon request by the Authorized Person, all details regarding my account to which I have access, and to make changes to my account.

I agree this authorization will remain valid until AcenTek receives written notice from me revoking or changing the authorization.

<input type="checkbox"/> Add <input type="checkbox"/> Remove) Authorized Person: _____	Contact Number: _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove) Authorized Person: _____	Contact Number: _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove) Authorized Person: _____	Contact Number: _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove) Authorized Person: _____	Contact Number: _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove) Authorized Person: _____	Contact Number: _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove) Authorized Person: _____	Contact Number: _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove) Authorized Person: _____	Contact Number: _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove) Authorized Person: _____	Contact Number: _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove) Authorized Person: _____	Contact Number: _____

4-Digit Password must be created: _____

Password Hint _____

(Authorized Person(s) will need to know this Password to access the account.)

Current Customer Signature: _____

Date: _____