



BUSINESS ACCOUNT – AUTHORIZATION AND PASSWORD SELECTION FORM

Authorization to Access Account(s)

I, as the person financially responsible or Authorized on behalf of the Company for the above account(s), hereby designate and authorize those individuals listed below to share in all of the rights and privileges that the Company has in and to the above-referenced account(s), such rights including, but not limited to, the right to access account information and call record details, change rate plans, add or delete features, extend terms of service, upgrade and deactivate accounts, add new lines, and open new accounts. Company hereby further agree that, notwithstanding the authorization(s) granted hereby, Company shall remain solely responsible for all charges to the account(s) listed above and for any new accounts which I or any of the following individuals may open pursuant to this authorization. This designation shall remain in effect until cancelled by me or my successor in writing.

(Company Name)

Authorized Person (*print*)

Authorized Person (*print*)

Authorized Person (*print*)

Authorized Person (*print*)

Authorized Person (*print*)

Authorized Person (*print*)

Authorization to Remove Account Access

I, as the person financially responsible or authorized on behalf of the company for the above account(s), hereby authorize removal of the individual(s) listed below from access to the account(s). I understand that by removing the individual(s) listed below, they will no longer have any access to the account(s) including, but not limited to, making changes to the account(s) and requesting any account(s) information.

Names of individuals removed pursuant to the foregoing:

Authorized Person (*print*)

Authorized Person (*print*)

Authorized Person (*print*)

Request for Password

I request the password indicated below be added to or changed on my account(s). I understand that I or any authorized individuals on the account(s), may be asked to verify this password when contacting an Nsight representative regarding the above-mentioned account(s).

Password: *The password must be between 4 and 16 characters*

Signature of Authorized Representative or Successor of Prior Authorized Representative

I certify that I am the authorized representative for the account(s) identified above, and authorize the changes requested.

Print Name

Signature

Date