Fax: 860-314-1925
Toll Free: 800-684-6653

AUTHORIZED PERSONNEL

Acting as a representative for _____, I, _____do hereby understand that only those provided below written authorization will have access to corporate records. I understand the meaning of this document and if I choose to make changes, additions, or deletions, I will provide these in writing to Dupont Business Archvies. Changes to this form will go into effect 48 hours after receiving update. For answers to procedural questions, please contact a customer service representative. All information on this form will remain confidential.

Account Name: Account Number:

Address: Department:

City/State/Zip:

NAME (LAST, FIRST)	ACCESS CODE	PHONE/EXTENSION	SIGNATURE

/ / / /

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