7370 East 38th St, Tulsa, OK 74145
www.datastorageinc.com
918-664-6164

Authorized Personnel

Date _____ Client Name _____
Account No. _____ Address _____
Department _____ Address _____

Authorized Personnel

Name: Last, First, M Intl.	Password (Required For Web)	Access Level A = All D =Department	Phone	E-Mail

* I, _____ acting as representative for _____ do hereby understand the meaning of the Authorized Personnel form and agree to maintain the integrity of the designated access levels.

It is understood, and strictly enforced by Data Storage, Inc. that only those individuals listed above will be authorized to request access to corporate records.

The company representative must submit any additions, deletions, password changes, or access-level changes to Data Storage, Inc. in writing. All changes require a 48-hour verification period prior to use.

_____ _____
Client Date

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