

Business Records Management

1125 ELDRIDGE ST
CLEARWATER, FL 33755
Phone 727-447-3199
Fax 727-441-1657
www.BRM-INC.com





Access Authorization Form



Company _____ Contact Person _____
Phone _____ Fax _____ E-Mail _____

- All deliveries will be released to any company employee, unless otherwise specified at the time of order.
- Any additions, deletions, or changes must be made and submitted to BRM in writing by the Company representative. All changes require a 48-hour verification prior to use.
- BRM is not responsible for verification of requestor if a passcode is not listed above.



Name:

Retrieval Access: Add <input type="checkbox"/> Remove <input type="checkbox"/>	Internet Access: Add <input type="checkbox"/> Remove <input type="checkbox"/>
 <u>4 Digit Passcode</u>	 <u>Email Address</u>



Name:

Retrieval Access: Add <input type="checkbox"/> Remove <input type="checkbox"/>	Internet Access: Add <input type="checkbox"/> Remove <input type="checkbox"/>
 <u>4 Digit Passcode</u>	 <u>Email Address</u>

Name:

Retrieval Access: Add <input type="checkbox"/> Remove <input type="checkbox"/>	Internet Access: Add <input type="checkbox"/> Remove <input type="checkbox"/>
 <u>4 Digit Passcode</u>	 <u>Email Address</u>

Name:

Retrieval Access: Add <input type="checkbox"/> Remove <input type="checkbox"/>	Internet Access: Add <input type="checkbox"/> Remove <input type="checkbox"/>
 <u>4 Digit Passcode</u>	 <u>Email Address</u>

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

Date

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