

## AUTHORIZED CONTACT FORM

Complete this form to indicate who is authorized to work with Dovetail Internet Technologies.

**Company:** \_\_\_\_\_ **Customer Number:** \_\_\_\_\_

<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<b>Primary Administrative Contact (Required)</b> Name _____ Email _____ Phone _____ (work   mobile   home)	<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Billing <input type="checkbox"/> Technical <input type="checkbox"/> Informational
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<b>Billing Contact (Required)</b> Name _____ Email _____ Phone _____ (work   mobile   home)	<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Billing <input type="checkbox"/> Technical <input type="checkbox"/> Informational
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<b>Technical Contact (Required)</b> Name _____ Email _____ Phone _____ (work   mobile   home) Company (if different) _____	<input type="checkbox"/> Administrative <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Technical <input type="checkbox"/> Informational
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<b>Additional Authorized Contact 1 (Optional)</b> Name _____ Email _____ Phone _____ (work   mobile   home) Company (if different) _____	<input type="checkbox"/> Administrative <input type="checkbox"/> Billing <input type="checkbox"/> Technical <input type="checkbox"/> Informational
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	<b>Additional Authorized Contact 2 (Optional)</b> Name _____ Email _____ Phone _____ (work   mobile   home) Company (if different) _____	<input type="checkbox"/> Administrative <input type="checkbox"/> Billing <input type="checkbox"/> Technical <input type="checkbox"/> Informational

	Manage Authorized Contacts	Billing Questions & Invoicing	Manage Users & Privileged Access	Request & Change Services	Content & Collaboration
Administrative	Yes	Yes	Yes	Yes	Yes
Billing	No	Yes	No	No	No
Technical	No	No	Yes	Yes	Yes
Informational	No	No	No	No	Yes

**Approved by Full Name:** (Administrative Contact) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_