



User ID Request Form

Please **PRINT ALL FIELDS CLEARLY** in the three boxes below (except signatures).

Any missing or incomplete information will delay the creation of this User ID.

ARE YOU: ADDING A NEW USER CHANGING AN EXISTING ID DELETING A USER ID

Node ID: _____ User ID: _____
(Node ID and User ID are REQUIRED for existing customers. New customers will be assigned a Node ID and User ID)

USER INFORMATION

User Name: _____
(Last, First)

Mother's Maiden Name: _____
(LAST NAME - required for security purposes.)

Agency Name: _____

Agency Address: _____ E-mail Address: _____
(Must be STREET ADDRESS, cannot be P.O. Box.)

City: _____ State: _____ Zip Code: _____

User Telephone Number: _____ User Fax Number: _____

User Signature: _____

CUSTOMER AUTHORIZATION - THIS A REQUIRED FIELD

Authorizing Manager's Name: _____
(Last, First)

Telephone Number: _____ Fax Number: _____

Title: _____ E-mail Address: _____

Manager's Signature: _____

DO NOT WRITE BELOW THIS LINE - ChoicePoint CUSTOMER SERVICE USE ONLY

User ID: _____ Assigned by: _____ Date Assigned: _____

PLEASE FAX THE COMPLETED AND SIGNED FORM TO:
(770) 752-3601 for AGENTS (770) 752-3934 for UNDERWRITERS

A User ID request must be completed for each person in your office who will be ordering reports. Duplicate this form if necessary.

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