



# ARCHIVE Corporation

## HARD COPY AUTHORIZATION DATA

\*\*\*THIS AUTHORIZATION LIST WILL SUPERCEDE ANY OTHER AUTHORIZATION LIST ON FILE WITH ARCHIVE CORPORATION\*\*\*

Client: \_\_\_\_\_

Account # \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Standard** - 8a.m. to 3p.m. for delivery on the next business day  
**Rush** - Order by 10a.m. for afternoon delivery - Order by 3p.m. for morning delivery  
**Stat** - Any order during business hours with a four hour delivery window  
**After Hours** - Order(s) for delivery between 430p.m. and 8a.m., Weekends or Holidays

### LEVEL OF SERVICE CATEGORIES

**GREEN:** Full Access for Deliveries and Administrative changes (encompasses all colors)

**YELLOW:** Ability to request and receive media on Standard, Rush and Stat

**RED:** Ability to request and receive media on Standard

**SILVER:** Information about the account ONLY (i.e. AUDITOR)

**LIST USER NAME AND PASSWORD FOR WEB ACCESS** - Modify, view or order your records via Internet

**\*\*\*A MINIMUM OF ONE PERSON MUST BE DENOTED WITH DESTRUCTION ABILITY\*\*\***

*\*User ID must start with alpha and be 3 - 8 characters long no symbols and must be UNIQUE*

*\*\*Passwords can be 3-10 characters and can be alpha-numeric*

**CHARGEABLE**

NAME	AFTER HRS #	LEVEL OF SERVICE	USER ID	PASSWORD	DESTROY
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

**I authorize the above listed individuals to have access to our account as indicated.**

Client Signature (Please include your name above for authorization) \_\_\_\_\_

\_\_\_\_\_ Date

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

\*\*\*A new authorization form MUST be received PRIOR to the expiration date. If one is not received, this authorization form will hold until a new one is received and your account will be flagged\*\*\*

Filling out user name and passwords authorizes Archive Corporation to charge your account accordingly for web service