



ARCHIVE Corporation

VAULTED MEDIA AUTHORIZATION DATA

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

Client: _____

Account # _____

Address: _____

Phone: _____

Scheduled - 8a.m. to 3p.m. for delivery on the next business day
 **Additions to Scheduled deliveries must be received by 10:30am for afternoon deliveries and/or 3:30pm for next morning deliveries

Special - 8a.m. to 3p.m. daily ~ Delivery to be made within four hours of order

Emergency - 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 Scheduled, Special or Emergency
- ORANGE:** Ability to request and receive media on Scheduled or Special
- RED:** Ability to request and receive media on Scheduled
- GOLD:** Able to Declare a Disaster ONLY
- 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"/>

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