

Authorized on Account

Business or Residential? <input type="checkbox"/> Business <input type="checkbox"/> Residential <i>(Is the following information related to a business or residential account?)</i>		
Customer Name: <i>(Business customer: Enter the business' name. Residential customer: Enter your full name.)</i>		Business Tax ID: <i>(Complete if you are submitting this form on behalf of a business.)</i>
Account Number: <i>(Existing customers: Your account number can be found on your Blackfoot statement.)</i>	Account PIN: <i>(Enter a 4-digit pin. Required for RESIDENTS only.)</i>	PIN hint: <i>(Enter a hint to help remember your PIN.)</i>

PRIMARY CONTACT

Name:	Authorization level: <input type="checkbox"/> Full authorization <input type="checkbox"/> Inquiries only	
Main phone:	Email:	Cell phone:

SECONDARY CONTACT

Name:	Authorization level: <input type="checkbox"/> Full authorization <input type="checkbox"/> Inquiries only	
Main phone:	Email:	Cell phone:

IT MANAGER CONTACT

Name:	Authorization level: <input type="checkbox"/> Full authorization <input type="checkbox"/> Inquiries only	
Main phone:	Email:	Cell phone:

IT TECH 2 CONTACT

Name:	Authorization level: <input type="checkbox"/> Full authorization <input type="checkbox"/> Inquiries only	
Main phone:	Email:	Cell phone:

AP/AR CONTACT

Name:	Authorization level: <input type="checkbox"/> Full authorization <input type="checkbox"/> Inquiries only	
Main phone:	Email:	Cell phone:



BRANCH: Please complete for each branch.

Address:	Main phone:
Business hours:	24/7 monitoring: <input type="checkbox"/> YES <input type="checkbox"/> NO

Branch Primary Contact:

Name:	Authorization level: <input type="checkbox"/> Full authorization <input type="checkbox"/> Inquiries only	
Main phone:	Email:	Cell phone:

Branch Secondary Contact:

Name:	Authorization level: <input type="checkbox"/> Full authorization <input type="checkbox"/> Inquiries only	
Main phone:	Email:	Cell phone:

Branch IT Contact:

Name:	Authorization level: <input type="checkbox"/> Full authorization <input type="checkbox"/> Inquiries only	
Main phone:	Email:	Cell phone:

Due to system limitations, please provide only ONE contact type per account, with the exception of a Branch contact per business location.

Branch Escalation Contact:

*If the Branch contacts above are unavailable, select who Blackfoot should contact from page 1.
 Please note: The contact selected below will be notified of escalation regardless of the day or time.*

<input type="checkbox"/> PRIMARY CONTACT	<input type="checkbox"/> SECONDARY CONTACT	<input type="checkbox"/> IT MANAGER CONTACT	<input type="checkbox"/> IT TECH 2 CONTACT	<input type="checkbox"/> AP/AR CONTACT
--	--	---	--	--

I understand that the LLC, corporation or other entity for which I sign is legally responsible for any and all charges incurred on the above account when any authorized representative makes a change to the account. I also understand that any and all requested information will be supplied to the authorized representative upon their request (based on their authorized access).

Name: _____ Title: _____

Signature: _____ Date: _____