



Account Set-up & Access Authorization

COMPANY INFORMATION							
Company Name:				BRM Account #			
BILLING INFORMATION							
Billing Address							
Contact Name:				Title:			
Contact Email:				Phone:			
How would you prefer to have your invoices delivered (please check box):				<input type="checkbox"/> EMAIL / PDF COPY		<input type="checkbox"/> MAIL / HARD COPY	
PICK-UP & DELIVERY INFORMATION							
Address #1							
Contact Name:				Title:			
Contact Email:				Phone:			
Address #2							
Contact Name:				Title:			
Contact Email:				Phone:			
If you have more than two (2) addresses, please attach list or email customerservice@brm-inc.com with further instruction.							
AUTHORIZED USER INFORMATION							
<input checked="" type="checkbox"/> All deliveries will be released to any company employee, unless otherwise specified at the time of order. <input checked="" type="checkbox"/> Any additions, deletions, or changes submitted to BRM require 48-hour verification prior to use. <input checked="" type="checkbox"/> BRM is not responsible for verification of requestor if a password is not listed above.							
1.	Name:			4 Digit Pass Code:			
Email Address:							
Authorization (please circle one):		ADD AUTHORIZATION			REMOVE AUTHORIZATION		
2.	Name:			4 Digit Pass Code:			
Email Address:							
Authorization (please circle one):		ADD AUTHORIZATION			REMOVE AUTHORIZATION		
3.	Name:			4 Digit Pass Code:			
Email Address:							
Authorization (please check one):		ADD AUTHORIZATION			REMOVE AUTHORIZATION		

I, _____, representative for Company, authorize the individuals listed above to have access to Company's records and/or computer media. (Remember to also include yourself above).

 Company Representative Signature

 Date