



AUTHORIZED CONTACT FORM

Complete this form to indicate who is authorized to work with Dovetail Internet Technologies.

Company: _____ **Customer Number:** _____

<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Primary Administrative Contact (Required) Name _____ Email _____ Phone _____ (work mobile home)	<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Billing <input type="checkbox"/> Technical <input type="checkbox"/> Informational
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Billing Contact (Required) Name _____ Email _____ Phone _____ (work mobile home)	<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Billing <input type="checkbox"/> Technical <input type="checkbox"/> Informational
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Technical Contact (Required) Name _____ Email _____ Phone _____ (work mobile home) Company (if different) _____	<input type="checkbox"/> Administrative <input type="checkbox"/> Billing <input checked="" type="checkbox"/> Technical <input type="checkbox"/> Informational
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Additional Authorized Contact 1 (Optional) Name _____ Email _____ Phone _____ (work mobile home) Company (if different) _____	<input type="checkbox"/> Administrative <input type="checkbox"/> Billing <input type="checkbox"/> Technical <input type="checkbox"/> Informational
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Additional Authorized Contact 2 (Optional) Name _____ Email _____ Phone _____ (work mobile home) Company (if different) _____	<input type="checkbox"/> Administrative <input type="checkbox"/> Billing <input type="checkbox"/> Technical <input type="checkbox"/> Informational

	Manage Authorized Contacts	Billing Questions & Invoicing	Manage Users & Privileged Access	Request & Change Services	Content & Collaboration
Administrative	Yes	Yes	Yes	Yes	Yes
Billing	No	Yes	No	No	No
Technical	No	No	Yes	Yes	Yes
Informational	No	No	No	No	Yes

Approved by Full Name: (Administrative Contact) _____

Signature: _____

Date: _____