3919 W. WASHINGTON STREET
PHOENIX, AZ 85009
PH: 602-258-4000
FX: 602-263-6003
www.recordcenterinnovations.com

AUTHORIZED REPRESENTATIVES

This form will be used to allow access to your records information. Please complete one form for each department. If you do not have enough room to fill in all of your authorized agents, please continue your list on another sheet of paper. Any questions regarding this form, please contact RCI Customer Service at 602-258-4000. Thank you for your cooperation.

PLEASE COMPLETE THIS FORM AND FAX IT BACK TO: 602-263-6003

CUSTOMER DELIVERY ADDRESS:

Company Name	
Department	
Street Address	
City	
Zip Code	

PRIMARY CONTACT:

Name (First and Last)		Telephone Number	
E-mail Address		Fax Number	
		Password(optional)	

AUTHORIZED REPRESENTATIVES:

Name (First and Last)		Telephone Number	
E-mail Address		Fax Number	
		Password(optional)	

Name (First and Last)		Telephone Number	
E-mail Address		Fax Number	
		Password(optional)	

Name (First and Last)		Telephone Number	
E-mail Address		Fax Number	
		Password(optional)	

Name (First and Last)		Telephone Number	
E-mail Address		Fax Number	
		Password(optional)	

Name (First and Last)		Telephone Number	
E-mail Address		Fax Number	
		Password(optional)	

Authorized Customer Signature Date

Received By Record Center Innovations, Inc. Date