



## Customer Account Access Authorization

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Wavecom Solutions, Inc. doing business as Wavecom Solutions ("Wavecom Solutions"), values your business and is dedicated to protecting your Customer Proprietary Network Information against unauthorized use or disclosure. To protect our customers proprietary information we have enacted policies and procedures to authenticate our customers when calling in for support services; this includes password authentication as well as other means of verification. In conjunction with our customer authentication procedures, by completing and signing this form you authorize WAVECOM SOLUTIONS to share account information with the individuals listed in the Authorized Personnel section of this form. Mail completed form to: Wavecom Solutions 1132 Bishop Street, Suite 800, Honolulu, HI 96813.

### Customer Profile

Company Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Suite: \_\_\_\_\_  
Contact Title: \_\_\_\_\_ City, State: \_\_\_\_\_  
Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Authorized Personnel

\* Add /  
Remove

Name

Phone Number

Email

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* Enter 'A' to add and 'R' to remove user account authorization in the Add/Remove field above. To ensure security on your account when removing users, you may contact WAVECOM SOLUTIONS Customer Service and Support department at (808) 791-3000 to add or change account authentication passwords and security questions.

\_\_\_\_\_  
Approved by: (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved by: (print name)