

RMS Inc. Customer Setup Request Form

Organization Information

Name: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
ZIP: _____
Phone: () - _____
Fax: () - _____

Credit Approved? **Yes () No ()**
Return Standardized Hits? **Yes () No ()**
Transaction Rate: **\$** _____

Primary Contact Information:

(NOTE: Primary Contact will always be given full access to the batch system.)

First Name: _____
Last Name: _____
Email Address: _____
Direct Phone: () - _____
Phone Extension: _____
Username: _____
Password: _____

Additional System Users

USER INFORMATION:		SYSTEM RIGHTS:	
First Name:	_____	CHECK HERE FOR FULL CONTROL =====> ()	
Last Name:	_____	Create Batch ()	Add Records ()
Email Address:	_____	Delete Batch ()	Update Records ()
User Name:	_____	Upload Batch ()	Delete Records ()
Password:	_____	Submit Batch ()	

USER INFORMATION:		SYSTEM RIGHTS:	
First Name:	_____	CHECK HERE FOR FULL CONTROL =====> ()	
Last Name:	_____	Create Batch ()	Add Records ()
Email Address:	_____	Delete Batch ()	Update Records ()
User Name:	_____	Upload Batch ()	Delete Records ()
Password:	_____	Submit Batch ()	

USER INFORMATION:		SYSTEM RIGHTS:	
First Name:	_____	CHECK HERE FOR FULL CONTROL =====> ()	
Last Name:	_____	Create Batch ()	Add Records ()
Email Address:	_____	Delete Batch ()	Update Records ()
User Name:	_____	Upload Batch ()	Delete Records ()
Password:	_____	Submit Batch ()	

USER INFORMATION:		SYSTEM RIGHTS:	
First Name:	_____	CHECK HERE FOR FULL CONTROL =====> ()	
Last Name:	_____	Create Batch ()	Add Records ()
Email Address:	_____	Delete Batch ()	Update Records ()
User Name:	_____	Upload Batch ()	Delete Records ()
Password:	_____	Submit Batch ()	