

SECURITY CODE INDIVIDUAL AUTHORIZATION



ADD CHANGE

WHEN LEVEL 3 SECURITY IS SELECTED, COMPLETE ONE FORM PER AUTHORIZED EMPLOYEE

CUSTOMER INFORMATION

Customer No. _____ Employee Name _____
 Company Name _____ Title _____
 Address _____ Telephone (_____) _____ Ext. _____
 City _____ State _____ Zip _____ Fax (_____) _____

SECURITY CODE

Today's Date ____/____/____ Effective Date ____/____/____

Security Code, Up to 8 Characters

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PRIVILEGES

- ALL PRIVILEGES
 SELECTED PRIVILEGES, *If Selected Privileges, complete the section below.*

Place retrieval order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Place other orders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place permanent withdrawal order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unrestricted access by division/department <i>If No, complete the section below</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place new carton pick-up order	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Place destruction order	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

EMPLOYEE CAN ACCESS DIVISION/DEPARTMENT (PLEASE LIST)

Division Code, Up to 5 Char	Department Code, Up to 8 Characters	Division Code, Up to 5 Char	Department Code, Up to 8 Characters

This document will be held private and confidential. Employees will be allowed or denied services based upon this document.

Security Liaison, Please Print _____ Signature _____