

BC SERVICES, INC

451 21st Ave Longmont, CO 80501

Phone : 303-532-3500 * 1-800-732-0262 * Fax : 303-532-3544

CLIENT WEB PORTAL ACCESS REQUEST

COMPANY: _____ LOCATION: _____

FIRST/LAST NAME: _____ Title: _____

PHONE: _____ EMAIL: _____

MOTHER'S MAIDEN NAME: _____
(you will be prompted for this if you forget your password and have to reset it) max length 35 characters

MANAGER NAME/PHONE: _____

PUBLIC IP ADDRESS USED TO ACCESS THE INTERNET? _____
(We restrict access to the portal only to authorized IP addresses—If you are unsure of your public IP address, go to this web site: www.whatismyipaddress.com and your IP address will be displayed)

ACCESS REQUESTED:

- | | | |
|--|--|--|
| <input type="checkbox"/> View account information | <input type="checkbox"/> View Statistical report | <input type="checkbox"/> View Remit Statements |
| <input type="checkbox"/> *will have ability to add a note and put a hold on accounts | <input type="checkbox"/> View Month-Batch report | <input type="checkbox"/> Enter accounts (future) |
| <input type="checkbox"/> Report a payment | <input type="checkbox"/> View Daily payments | |
| | <input type="checkbox"/> View Inventory report | |

Manager signature for approval: _____ Date: _____

BY SIGNING THIS FORM, YOU ACKNOWLEDGE THAT YOU ARE AUTHORIZED TO ACCESS ALL INFORMATION TRANSMITTED BY BC SERVICES WITHIN THE SCOPE OF YOUR EMPLOYMENT. YOU FURTHER AGREE TO USE THE ACCESS GRANTED TO YOU BY BC SERVICES SOLELY FOR THE PURPOSE OF CONDUCTING BUSINESS ON BEHALF OF YOUR COMPANY. ALL SUCH INFORMATION SHALL BE MAINTAINED BY USER IN STRICT CONFIDENCE AND DISCLOSED ONLY TO EMPLOYEES WHOSE DUTIES REASONABLY RELATE TO THE LEGITIMATE BUSINESS PURPOSES FOR WHICH THE INFORMATION IS REQUESTED, AND USER WILL NOT DISCLOSE, SELL OR OTHERWISE DISTRIBUTE TO THIRD PARTIES ANY INFORMATION OBTAINED.

YOU ALSO AGREE NOT TO GIVE OUT YOUR USERNAME AND/OR PASSWORD. YOUR USERNAME AND/OR PASSWORD ARE INTENDED FOR YOU ONLY AND ARE INTENDED FOR THE PROTECTION OF ALL PHI, PII, AS WELL AS CONFIDENTIAL INFORMATION OF BC SERVICES AND YOUR COMPANY. IF ACCESS FOR OTHER PERSONS IS DESIRED, CONTACT BC SERVICES IN REGARDS TO OBTAINING A USERNAME AND/OR PASSWORD FOR THEM.

SIGNATURE: _____ Date: _____

FOR INTERNAL USE ONLY

USERNAME: _____ (I/T will assign) Date Received: _____
BCS trainer: _____

ACCOUNT ACCESS (Circle one below & supply client numbers) (Customer Service/Sales will populate) _____
Initial when complete

CLIENT - Allows access to only accounts with client the same as this number. Client #: _____

CORRCLIENT - Allows access to only accounts within the corresponding client group. Client#: _____

LIST - Allows access to only accounts as defined by a remote client inquiry list. List Client #'s below:

Client numbers or Client Code from DU98711:

Set-up complete on _____ by _____ emailed _____.