



North Bay Computer Services Inc.

299 Main Street West
North Bay, Ontario P1B 2T8
(705) 840-2806

Authorized Contacts Form

Please specify which authorized contacts can approve purchases, view passwords, and make changes to your account.

When finished email to info@nbcs.ca.

Please list the primary contact:

Name: _____

Company Name: _____

Job Title: _____

Email Address: _____

Phone Number: (____) ____ - ____

Phone Extension (numbers only): _____

Cell Phone Number: (____) ____ - ____

Home Phone Number: (____) ____ - ____

This contact is authorized to:

- Make account changes (e.g. change authorized contacts or monthly billing)
- View or request passwords
- Make or approve purchases
- Request service calls or support (including billable hours)
- Other _____

This contact should:

- Receive billing emails
- Receive marketing emails
- Receive report emails (such as ticket closings or project updates)

Is this person the only contact NBCS should be in communication with?

- Yes
- No

Authorization for ALL Staff

Are all company staff fully authorized?

- Yes
- No

If yes, choose the maximum authorization level for all staff:

- Make account changes (e.g. change authorized contacts or monthly billing)
- View or request passwords
- Make or approve purchases
- Request service calls or support (including billable hours)
- Other _____

Billing Contact (if different than above)

- Same as the main contact

Name: _____

Company Name: _____

Job Title: _____

Email Address: _____, _____ (optional additional)

Phone Number: (____) ____ - ____

Phone Extension (numbers only): _____

Cell Phone Number: (____) ____ - ____

Home Phone Number: (____) ____ - ____

This contact is authorized to:

- Make account changes (e.g. change authorized contacts or monthly billing)
- View or request passwords
- Make or approve purchases
- Request service calls or support (including billable hours)
- Other _____

This contact should:

- Receive billing emails
- Receive marketing emails
- Receive report emails (such as ticket closings or project updates)

Additional Authorized Contact

Name: _____

Company Name: _____

Job Title: _____

Email Address: _____

Phone Number: (____) ____ - ____

Phone Extension (numbers only): _____

Cell Phone Number: (____) ____ - ____

Home Phone Number: (____) ____ - ____

This contact is authorized to:

- Make account changes (e.g. change authorized contacts or monthly billing)
- View or request passwords
- Make or approve purchases
- Request service calls or support (including billable hours)
- Other _____

This contact should:

- Receive billing emails
- Receive marketing emails
- Receive report emails (such as ticket closings or project updates)

Additional Authorized Contact

Name: _____

Company Name: _____

Job Title: _____

Email Address: _____

Phone Number: (____) ____ - ____

Phone Extension (numbers only): _____

Cell Phone Number: (____) ____ - ____

Home Phone Number: (____) ____ - ____

This contact is authorized to:

- Make account changes (e.g. change authorized contacts or monthly billing)
- View or request passwords
- Make or approve purchases
- Request service calls or support (including billable hours)
- Other _____

This contact should:

- Receive billing emails
- Receive marketing emails
- Receive report emails (such as ticket closings or project updates)

Additional Authorized Contact

Name: _____

Company Name: _____

Job Title: _____

Email Address: _____

Phone Number: (____) ____ - ____

Phone Extension (numbers only): _____

Cell Phone Number: (____) ____ - ____

Home Phone Number: (____) ____ - ____

This contact is authorized to:

- Make account changes (e.g. change authorized contacts or monthly billing)
- View or request passwords
- Make or approve purchases
- Request service calls or support (including billable hours)
- Other _____

This contact should:

- Receive billing emails
- Receive marketing emails
- Receive report emails (such as ticket closings or project updates)

Additional Authorized Contact

Name: _____

Company Name: _____

Job Title: _____

Email Address: _____

Phone Number: (____) ____ - ____

Phone Extension (numbers only): _____

Cell Phone Number: (____) ____ - ____

Home Phone Number: (____) ____ - ____

This contact is authorized to:

- Make account changes (e.g. change authorized contacts or monthly billing)
- View or request passwords
- Make or approve purchases
- Request service calls or support (including billable hours)
- Other _____

This contact should:

- Receive billing emails
- Receive marketing emails
- Receive report emails (such as ticket closings or project updates)

Authorized Signatory

The person executing this for and on behalf of their Company represent that they have the required authority to bind the entities on whose behalf they are signing.

This contact must be authorized to:

This contact is authorized to:

- Make account changes (e.g. change authorized contacts or monthly billing)
- View or request passwords
- Make or approve purchases
- Request service calls or support (including billable hours)

Additional Notes:

Name of the authorized contact who is filling out this form: _____

Signature: _____

Date: _____

When finished email to info@nbc.ca.