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Subject: Authorized Employee Account Access Form

Overview:

This form is intended to collect the necessary information to grant specific employees the authority to make changes on your company's account with Computer Ties. Please provide the requested information below and submit the completed form to support@computerties.com or return it to our office at the address above.

Company Information:

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Primary Contact Information:

Name: _____

Title: _____

Phone: _____ Email: _____

Authorized Employees:

Please list the employees authorized to make changes on your company's account with Computer Ties. You may add additional employees on a separate sheet if necessary.

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____



Name: _____ Title: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Phone: _____ Email: _____

By signing below, I confirm that I am authorized to provide this information and grant the listed employees the authority to make changes on our company's account with Computer Ties.

Signature: _____ Date: _____

Print Name: _____ Title: _____

For questions, concerns, or further clarification, please contact us at 517-788-6393 or support@computerties.com.