

# managed solutions

Managed Solutions  
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## client authority form

This form is used for you to give permission for us to accept orders and directions from other staff members in your organisation. If necessary we may share the contact information with our partners.

For privacy information and terms and conditions visit <http://www.mansol.net.au/termsandconditions.html#Disclaimer>

The email address may be used for notification, informational and marketing purposes within our Company.

You authorise us to keep records of your contract information with our partners.

**Please fill out and return a separate form for each Authorised Officer**

### Company Details

Company Name

Primary Authorised Officer

### Details of New Authorised Officer

Name of new authorised officer

Phone

Fax

Mobile

Email

**Main Technical Contact.** Tick to make this person the main technical contact for your organisation. Any disruption of service notifications and other announcements will be directed to them.

### Access Password Details

New password for online access

password must contain 6-8 chars with at least 2 numbers

New verbal passphrase for phone correspondence

### Authorisation Level

This person is authorised to: (please tick the appropriate fields)

- |                          |                                   |   |
|--------------------------|-----------------------------------|---|
| <input type="checkbox"/> | <b>Ask for quotes</b>             | Authorised to request quotes on new hardware or services          |
| <input type="checkbox"/> | <b>Purchase Services/Products</b> | Authorised to request account additions, cancellations or changes |
| <input type="checkbox"/> | <b>Tech Support</b>               | Authorised to Request Tech support or other chargeable activities |
| <input type="checkbox"/> | <b>Help Desk Support</b>          | Authorised to request fault diagnosis and lodge faults            |

### Agreement

Signature of Primary Authorised Officer

Name (please print)

Date

Signature of New Authorised Officer

Name (please print)

Date