

CLIENT ACCESS CUSTOMIZATION FORM

This form allows account administrators* (only) to customize users level of access:

Enter Orders: Request background checks for applicants **View Reports:** View completed background checks

View Invoices: Access to monthly invoices

Company:			
. 3			
		Cell:	
Access (Select one)	Contact:	Select	All That Apply
Add	Client ID:		Enter Orders
☐ Remove	Email:		View Reports
	Work: Cel	:	View Invoices
			Billing Contact
Access (Select one)	Contact:	Select	All That Apply
Add	Client ID:		Enter Orders
☐ Remove	Email:		View Reports
	Work:Cel	:	View Invoices
			Billing Contact
Access (Select one)	Contact:	Select	: All That Apply
Add	Client ID:		Enter Orders
☐ Remove	Email:		View Reports
	Work:Cel	:	View Invoices
			Billing Contact
Each contact will receive personal identification ne		l. SMS text messages will be sent to ce	llular numbers for
	voices are sent via email to billing co norization Form for all other billing c	ntact(s) only. Please complete the Billi hanges.	ng Information /
☐ I certify I am a c changes above	•	f this organization. I have authority	to request the
Account Administrato	r Signature:	Date:	
Name (Printed):		Title:	

Following completion, please submit this form to cr@onesourcebackground.com.