

Authorization Form

OnYourMark, LLC

A Fine Family of Companies

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Sussex, WI 53089

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support@OnYourMark.com

This document authorizes OnYourMark, LLC to make periodic changes to username/password and other login information on behalf of the client named below. This authorization shall take effect as of the date signed. Please submit changes to us in writing.

In the event of a change, OnYourMark, LLC will notify the below-named client that changes have been made no more than twenty-four business hours following the change. Notification of changes will be made by email and/or phone as appropriate. Specific login or password information will never be provided via email unless specific measures have been made to secure the data. OnYourMark, LLC will make every reasonable effort to pass on the login/password information to the client via at least one of the persons authorized to receive the login information. In the event OnYourMark, LLC is not able to contact an authorized party, it is the client's responsibility to obtain the information from OnYourMark, LLC.

This authorization pertains only to login usernames and passwords and strictly prohibits transfers of ownership.

Client Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Client Signature: _____ Date: _____

OnYourMark, LLC Management Authorization: _____ Date: _____

Parties Authorized to Receive Client Username/Password Information

Company Name: _____

Company Representative: _____

Company Representative Email: _____ Phone: _____

Company Representative Signature: _____ Date: _____

Company Name: _____

Company Representative: _____

Company Representative Email: _____ Phone: _____

Company Representative Signature: _____ Date: _____

Company Name: _____

Company Representative: _____

Company Representative Email: _____ Phone: _____

Company Representative Signature: _____ Date: _____

Parties Authorized to Receive Client Username/Password Information

Company Name: _____

Company Representative: _____

Company Representative Email: _____ Phone: _____

Company Representative Signature: _____ Date: _____

Company Name: _____

Company Representative: _____

Company Representative Email: _____ Phone: _____

Company Representative Signature: _____ Date: _____

Company Name: _____

Company Representative: _____

Company Representative Email: _____ Phone: _____

Company Representative Signature: _____ Date: _____

Company Name: _____

Company Representative: _____

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Company Representative Signature: _____ Date: _____

Company Name: _____

Company Representative: _____

Company Representative Email: _____ Phone: _____

Company Representative Signature: _____ Date: _____

Company Name: _____

Company Representative: _____

Company Representative Email: _____ Phone: _____

Company Representative Signature: _____ Date: _____