

8MS[®] Service Bureau Login Form



Please use one form per login, providing the following information:

Company Name: _____

Type of Change Requested: Add New Login
(check only one) Modify an Existing Login
 Delete a Login

Permission Type: Full Access
(check only one) Read-Only Access

8MS Login ID: _____ (must be 6-8 characters lower-case)
Password: _____ (must be 6-8 characters lower-case)

User 's Name: _____
Phone Number: _____
Email Address: _____

Permission to add/change this login has been granted by:

Name of SMS Security Officer of Company (Printed)

Signature of SMS Security Officer

Date & Time

csf Authorization (internal use only):

Name of 8MS System Administrator

Signature of 8MS System Administrator

Date & Time

Please fax the completed form to **csf Corporation: 8MS Administration** at (732) 302-0799.
Questions regarding this form may be directed to 8MS Administration at (732) 356-6999.