



**BUSINESS ACCOUNT – ADDING AUTHORIZATION AND/OR PASSWORD**

Additional Account Numbers:

\_\_\_\_\_  
\_\_\_\_\_

**Authorization to Access Account(s)**

I, as the person financially responsible or authorized on behalf of the company for the above account(s), hereby designate and authorize those individuals listed below to share in all of the rights and privileges that the Company has in and to the above-referenced account(s) such rights including, but not limited to, the right to access account information, call record details, change rate plans, add or delete features, extend terms of service, upgrade and deactivate accounts, add new lines, and open new accounts. Company hereby further agrees that, notwithstanding the authorization(s) granted hereby, Company shall remain solely responsible for all charges to the account(s) listed above and for any new accounts which I or any of the following individuals may open pursuant to this authorization. This designation shall remain in effect until cancelled by me or my successor in writing.

*Names of individuals authorized pursuant to the foregoing: (Must be at least 18 years of age)*

\_\_\_\_\_  
Authorized Person (print)

\_\_\_\_\_  
Authorized Person (print)

\_\_\_\_\_  
Authorized Person (print)

\_\_\_\_\_  
Authorized Person (print)

\_\_\_\_\_  
Authorized Person (print)

\_\_\_\_\_  
Authorized Person (print)

**Request for Password/Secret Question**

I request the password/secret question indicated below be added to my account(s). I understand that I or any authorized individuals on my account(s), may be asked to verify this password/secret question when contacting a Cellcom representative regarding the above-mentioned account(s). Please inform any authorized parties of the new password and secret question.

**Password:**

\_\_\_\_\_

*The password must be between 8 and 16 characters*

**Secret Question:** *Select (x) one of the secret questions shown below, and enter your answer in the box provided.*

*\*Note: Must have password to add a secret question.*

\_\_\_ What was your first job?

\_\_\_ Who is your favorite sports figure?

\_\_\_ What is the name of your favorite teacher?

\_\_\_ What is the name of the street you grew up on?

\_\_\_ What was the name of your first pet?

**Answer**

\_\_\_\_\_

**Signature of Authorized Representative or Successor of Prior Authorized Representative**

I certify that I am the financially responsible party for the account(s) identified above, and authorize the changes requested.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date