

ADMINISTRATION REQUEST FOR KEY LOGIX CUSTOMER WEB SITE (my.keyregister.com)

Please SEND the completed form to accounting@keytrak.com

System Administrator Role
Typically for a Single Location
OR
Enterprise Administrator Role
Typically for Multiple Locations

Billing Invoices – Single Location
To View Billing Invoices for a Single Location
OR
Billing Invoices – Multiple Locations
To View Billing Invoices for Multiple Locations

1. Full Name: _____
2. Email Address (also used as Login ID): _____
3. Phone Number (required for confirmation/follow up): _____

PLEASE LIST BELOW ALL SEPARATELY IDENTIFIED STORES/DEALERSHIPS & THEIR ASSOCIATED ACCOUNT NUMBER(S) THAT WILL BE PART OF THE ENTERPRISE BILLING INFORMATION GROUP.

<u>KEY LOGIX ACCOUNT #</u>	<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST/PROV</u>
ex: KL1234	ex: ABC Motors	ex: 123 Main Street	ex: Anytown	ex: OH

By completing and signing this Authorization and returning the signed copy by email to Key Logix Account Services Department at accounting@keytrak.com, to the attention of " Key Logix Portal Support," you certify that you are a duly appointed officer* of the Company named below. In that capacity, you confirm that your Company authorizes and directs Key Logix to grant administrator privileges to the above-named individual for the Key Logix Customer Web site. You understand that the administrator will be able to create, modify, and delete user accounts for other individuals within your Company. Also, the Administrator can grant users' access to Key Logix billing information and other resources available through the Key Logix Customer Web site.

You agree that the Company is responsible for reasonable and appropriate measures to safeguard the requested information, the Web site used to store and access it, and any passwords used to access this Web site and this information, to the extent those resources are under the Company's control. You agree that an officer of the company will notify Key Logix in writing prior to any change in the authority of the Company or the Administrator to access the Web site or receive the information available on it. The Company hereby indemnifies and holds harmless Key Logix and its officers, directors and employees from any harms arising from the access and use of this Web site and any information on it that is enabled by the Company.

By signing below, you also represent that you are an authorized agent of the Company, that you have full right and authority to sign this authorization and give the authorization described above on behalf of the Company.

ALL OF THE ABOVE IS CONFIRMED AND AGREED TO:
(Below information to be provided by Company - Failure to provide complete information may delay performance of work by Key Logix).

Officer Signature: _____
Print Officer Name: _____
Print Officer Title: _____
Date: _____

- *An officer will have one of the following titles:**
- | | |
|----------------------------|----------------------------|
| 1. President | 7. Directeur (Canada Only) |
| 2. Vice President | 8. Generale (Canada Only) |
| 3. Secretary | 9. General Manager |
| 4. Treasurer | 10. Controller |
| 5. Chief Executive Officer | 11. Dealer Principle |
| 6. Chief Financial Officer | 12. System Administrator |

Email: accounting@keytrak.com