

# Head Security Designate Authorization Form



This form is to be used by Experian Subscribers to identify the individual that will act on the behalf of the Subscriber. The Head Security Designate will submit all requests to create, change or lock designate and/or end user access accounts and permissions to Experian systems and information via the Internet. Designate(s) must be an authorized representative of the Subscriber's company and must be available to interact with Experian on information and product access matters, in accordance with Experian Security Guidelines. Such Guidelines may be updated from time to time by Experian and will be communicated to Subscriber in writing. The Head Designate Authorization Form must be signed by an authorized representative of Subscriber. Subscriber acknowledges and agrees that Subscriber 1) has received the Experian Security Guidelines, 2) has read and understands Subscriber's obligations described in the Guidelines, 3) will communicate the contents of the Guidelines, and any subsequent updates thereto, to all employees that shall have access to Experian services via the Internet, and 4) will abide by the provisions of the Guidelines as well as the terms and conditions of the existing membership agreement(s). Changes in Head Designate status (e.g., transfer or termination) are to be reported to Experian immediately. NOTE: Please see reverse for instructions on completing this form.

## HEAD DESIGNATE INFORMATION (All fields are required unless stated)

Head Designate Status (Check One)	Create	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Lock	<input type="checkbox"/>
User ID (first choice) [min. 6 characters] Enter						
User ID (second choice) [min. 6 chars.]						
User ID (third choice) [min. 6 chars.]						
Company Name (do not abbreviate)						
Last Name	MURDOCK					
First Name	ROBB					
E-mail Address	headdesignate@credimetrics.com					
Telephone Number	( 858 )	793-6120			Ext.	
Product(s) Requested	NetConnect					
Subcode(s) Managed by Designate (optional)						
Comments						

## REPRESENTATIVE INFORMATION (Signature Required)

As a Subscriber of Experian's products and services over the Internet, I am acting as the authorized representative of the Subscriber. I hereby submit the above individual as the Head Designate of my company and authorize Experian to direct all Information Security related questions to same.

Print Name		Title	
Signature		Date	

## FOR EXPERIAN INTERNAL USE ONLY (Do Not Write Below This Line)

Date Received		Reviewed By	
VBU Assigned		User ID	
Validation of SSA	<input type="checkbox"/> E-mail (attached)	<input type="checkbox"/> Telephone	<input type="checkbox"/> Physical
Validation by:			

This form should be used for any addition or change in access by a Head Designate. Use one form per individual.