



# Account Change Form

**All information must be completed and signed by an authorized agent, principal or officer of the company**

IntelliCorp Account ID: _____	MVR Access Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Credit Report Access Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Drug Screening Access: Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	

## Account Updates

**\* Box 1 and 2 must be filled out completely. Insert N/A for fields intentionally left blank \***

<b>Box 1</b>	<b>Change information on my account FROM the following</b> <i>(Please complete with previous information):</i>
Company Name: _____	Phone: _____
Physical Address: _____	Fax: _____
Billing Address: _____	Email: _____
City: _____	State: _____ Zip: _____
Primary Contact: _____	Federal Tax ID: _____

<b>Box 2</b>	<b>Change information on my account TO the following</b> <i>(If your company is changing the business name or Tax ID# on your IntelliCorp account, please include a current business license or tax return showing the new name):</i>
Company Name: _____	Phone: _____
Physical Address: _____	Fax: _____
Billing Address: _____	Email: _____
City: _____	State: _____ Zip: _____
Primary Contact: _____	Federal Tax ID: _____
Primary Contact Email Address (If New): _____	
New Login Needed for Contact Yes: <input type="checkbox"/> No: <input type="checkbox"/> Has Ownership Changed: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

*Note: If there is a change in any information on your IntelliCorp account (business name, address, phone number, e-mail address, etc.) AND you have access to MVRs, Drug Screening, or CREDIT REPORTS, new service agreements and/or additional steps may be needed.*

\*\* Return via E-mail to [credentialing@intellincorp.net](mailto:credentialing@intellincorp.net) Fax to 216-450-5105. \*\*



# Account Change Form

## Billing Updates

IntelliCorp Account ID: \_\_\_\_\_

*NEW* Billing Contact Name: \_\_\_\_\_ *NEW* Billing Telephone #: \_\_\_\_\_

*NEW* Billing Address: \_\_\_\_\_

*NEW* Billing Email: \_\_\_\_\_ *NEW* Login Needed for Billing Contact? Yes:  No:

Is login only to view and pay invoices? Yes:  No:  or: Will login be used to submit/view searches? Yes:  No:

## Website Access

**Add Users:**

Please list new users needing access to your account via the IntelliCorp web-site for the submitting and viewing of searches. Each authorized person will be assigned a unique User ID and Password. For security purposes, User ID's and Passwords are confidential and should not be shared.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Administrator Access: Yes:  No:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Administrator Access: Yes:  No:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Administrator Access: Yes:  No:

**Disable Users:**

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Owner or Officer or Legally Authorized Representative

**Name (Printed):** \_\_\_\_\_ **Title:** \_\_\_\_\_

\*\* Return via E-mail to [credentialing@intellicorp.net](mailto:credentialing@intellicorp.net) Fax to 216-450-5105. \*\*