



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 ***

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

Box 2	Change information on my account TO the following <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 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:** _____

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