



Authorization to Change Master User

I authorize _____ to become the new master user of the DriverFacts account. The master user id is _____.

This user accepts all responsibility as stated in the user agreement as well as responsibility for existing and new charges, credit cards on file, used and unused reports on file, user maintenance, and all other master user responsibilities not stated.

The purpose for this change is (please be specific):

Merge accounts (if applicable):

Person becoming new master user:

Printed Name	_____	Phone:	_____
		Fax:	_____
Signature:	_____	Address:	_____
Title:	_____	City:	_____
Email:	_____	State, Zip	_____

Person granting authorization:

Printed Name: _____
Signature: _____
Title: _____
Company: _____
Date: _____

Please fax or email completed form back to:

DriverFacts, Inc.

Fax: 714-695-1907

Email: customerservice@driverfacts.com