



Authorization to Inactivate Master or User within the Same Company

I authorize the following DriverFacts account to be inactivated from the DriverFacts system.

User account to be inactivated: _____

Is this the Master user of the account? (Yes or No) _____

If No, what is the Master user of the account? _____

This authorization is the responsibility of the company's existing management. All existing and new charges will be paid and any credit cards on file for a Master account inactivation will be deleted.

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 _____

Management 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