

Please fax completed form to 573/886-8901



MEM Account Setup Form

Please print clearly

Business Name: _____

Main Contact* _____

Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ / _____ - _____ **Ext.** _____

Fax: _____ / _____ - _____

E-mail: _____

*** The main contact will be designated the administrator of your Screen Assist account and will have all permissions granted. These permissions include: add new users (unlimited), deactivate users, change passwords, view invoices and download use information in .CSV format. CSV format allows administrators to create reports by sorting data and saving in .XLS format.**

Additional User(s):

Name: _____

Title: _____

E-mail: _____

Phone: _____ / _____ - _____ **Ext.** _____

Name: _____

Title: _____

E-mail: _____

Phone: _____ / _____ - _____ **Ext.** _____

Screen Assist invoices clients at the beginning and middle of each month.

If invoices should be sent to a person other than the administrator of the account, please provide the following:

Name: _____

Title: _____

E-mail:

Phone: _____ / _____ - _____

Ext: _____

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