Corporate 1000® Format Request and Authorization Form



The Corporate 1000 Program includes exclusive credential formats ("Credential Data" or "CD") that are developed specifically for use by the End Customer's organization. The End Customer must qualify, formally enroll, and be accepted by HID Global Corporation.

To request enrollment in the program, enter your company information in Table 1. Enter the contact details of the persons authorized to act on behalf of your company ("Authorized Contact") in establishing and maintaining the Authorized HID Purchasers and Authorized HID System Installers in Table 2. Ensure all fields are complete for the primary and secondary Authorized Contacts within your company.

IMPORTANT: This form must be legible to be considered acceptable. Please print or type.

Company Name	
Mailing Address	
City	
State/Province/County	
Country	
Zip/Postal Code	
Company Website Link	

Table 2: End Customer's Authorized Contact Information (2 contacts are required):

	Authorized Contact (Primary)	Authorized Contact (Secondary)
Contact Name		
Title		
Phone Number		
Fax Number		
Email Address		
Authorized Contact's Specimen Signature (Primary and Secondary):		
Date		

To ensure the security of your credentials, authorize any HID Service Provider to purchase and manage your HID Credential Data on your behalf. Enter the Authorized HID Purchaser/Service Provider information in Table 3.

Use this form to communicate all authorization concerning your Corporate 1000 format. It is recommended that the End Customer maintain an original copy of this form listing all authorizations. As the End Customer, it is your responsibility to notify HID of any changes to your Authorized HID Purchasers.



Table 3: End Customer's Authorized HID Purchaser/Service Provider:

	Authorized HID Purchaser (Primary)	Authorized HID Purchaser (Secondary)	
Company Name			
Contact Name			
Contact Title			
Address			
Phone Number			
Email Address			
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Credential numbers available within the Corporate 1000 48 bit model are 0 – 8,388,607. Your first order will start at 1 unless otherwise specified. If a start number other than 1 is desired, please specify the start number here:

Sign below to apply for enrollment in this program.

Your enrollment in this program is conditional on HID's acceptance and approval of your request to join the program.							
By signing below, you authorize the above Authorized Contacts and Authorized HID Purchaser(s) and acknowledge and							
agree to the HID Global Corporation PACS Credential Program Terms of Use ("Terms of Use"). A copy of the Terms							
of Use is available at https://www.hidglobal.com/legal/pacs-credential-program-terms-use . Any capitalized terms							
used in this form that are not defined shall have the same definition ascribed to them in the Terms of Use.							
End Customer/	Authorize	ed					
Company Name	Signature						
Date	Name						

To apply for enrollment, submit this signed form to: credentialprograms@hidglobal.com.

To add or remove authorizations, submit an HID Global Corporate 1000 Format Change Form to the same regional contact.

Title

For internal use only

HID Sales Manager			
Issued HID Program Format Number	Print Name Entered by HID after approval.	Signature	Date