



Phone: 703-790-8676
Fax: 703-790-9389

Remote Access User Sign-up

Name: _____
(First, Middle, Last)

Client: _____

Email: _____

Login Name: _____
(Can be same as internal network ID)

Direct Phone Number & Ext: _____
(Main number if no direct line)

Other Contact: _____

Time Zone: _____
(PST, MST, CST, EST)

Client Operating System: _____
(Win98, ME, NT, 2000, XP, other)

Connection Type: _____
(Modem, WAN, ISP)

DMS Account: _____
(CMDI will assign - 3 chr. ID, 5 chr. Password, Access Level)

Notes:

Authorized Signature for Client

Please fax this form back to: _____
@ 703-790-9389

For IT questions, please contact:

Tim Harris
Network Administrator
tharris@cmdi.net

Rob Swart
Director of IT
rswart@cmdi.net

For Internal Use Only	Installation Date: _____
Installation Charges:	
NEW: Y N	REPLACEMENT: Y N
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
MONTHLY CHG.: Y N	
<input type="checkbox"/> <input type="checkbox"/>	