

AUTHORIZATION

POLICY

The authorization list provided by the client enables Fireproof to provide the security specific to each customer for their offsite record storage. Each client will select a password. The password is required to activate the account. Clients will be required to use the password to request services. The Authorizing person for each account will designate the level of each person listed on the Authorization list. A picture ID will be required for accepting after-hours services. Information will not be released if authorized identification is not provided at the time of delivery/pick up. It is imperative that a current list be maintained at the client's location and at Fireproof. The authorization list should be reviewed annually or whenever there is a change in personnel. It is the client's responsibility to inform Fireproof, in writing, of any changes in their authorized personnel or password.

PROCEDURES

All clients of Fireproof will provide an authorization list and password. The password is required to activate the account prior to any inventory being retrieved. Clients will provide a list of persons who are authorized to have access to inventory stored at Fireproof. Persons authorized will have a level of activity assigned to them. Those levels are:

- 1 Send/Receive Tapes/Files/Boxes with the levels specified in options a - e
 - a. M-F, 8:00 am ó 5:00 pm Telephone, Fax, Email & **regularly scheduled** weekend service
 - b. Web Access
 - c. RUSH Service/Delivery
 - d. Faxed, mail, shipped or Scan on demand inventory
 - e. After Hours/Weekends & Holidays
- 2 Permanently Remove or Destroy Inventory
- 3 Declare a Disaster
- 4 Full Administrative Authority (Levels 1 ó 3 plus *Authorizing* rights)

Whenever there is a change in the client's designated Authorizing Person, an Officer of the company will notify Fireproof in writing. This notification should include the name of the new Authorizing Person and their title. Updates to the password are also required to be submitted to Fireproof in writing by the Authorizing Person. Examples of updates to the Authorization List and password could be a result of promotion, leave of absence, termination of employment, vacation, or the addition of a new employee.

When a client needs to send an unauthorized person to Fireproof to review information, a letter of temporary authorization should either be mailed or faxed to Fireproof prior to the person's arrival. The letter **MUST** include the name of the person, date and activity specific. The temporary authorization must be on the client's letterhead and be signed by the authorizing person. The temporarily authorized person must also present a picture ID upon arrival at Fireproof.



___ This list supersedes all others

___ This list is in addition to the current list

P.O. Box 1150
Grove City, OH 43123

Phone: 614/299-2121

Fax: 614/299-7943

Email: service@fireproof.com

Account Authorization Form

Company Name _____

Account No. _____

Delivery Address _____

Password _____

Additional Delivery Address: _____

Additional Delivery Address: _____

Only individuals listed below are authorized to access information stored at Fireproof. Access includes telephone, fax and email communication and receipt of information at the Customer's site. Each individual will be assigned specific levels of access.

ENGAGE SECURITY = ONLY PERSONS LISTED ON THE AUTHORIZATION LIST HAVE ACCESS _____ (Customer Approval)

Authorization Levels

1. Send/Receive Media/files/boxes
 - a. M-F 8:00 am – 5:00 pm Access & Regularly Scheduled Weekend Service
 - b. Web access
 - c. RUSH Service/Delivery
 - d. Fax, mail, ship or Scan On Demand inventory
 - e. After Hours/Weekends & Holidays

2. Permanently Remove/Destroy Inventory

3. Declare a Disaster

4. Full Administrative Authority

NAME (Please Print)

E-MAIL ADDRESS

DEPARTMENT

LEVEL 1 a b c d e 2 3 4

NAME (Please Print)	E-MAIL ADDRESS	DEPARTMENT	LEVEL 1	a	b	c	d	e	2	3	4
_____	_____	_____									
_____	_____	_____									
_____	_____	_____									
_____	_____	_____									
_____	_____	_____									

I, _____, representative for Company, authorize the individuals listed above to have access to Company's records according to their designated authorization level. When the Authorizing Person has Web Administrative rights, that person will be responsible for any and all authorization updates.

_____ Title _____
Authorizing Person's Signature

_____ Date