



**PERSONAL ACCOUNT – AUTHORIZATION AND PASSWORD SELECTION FORM**

**Authorization to Access Account**

I, as the person financially responsible for the above account, hereby designate and authorize those individuals listed below to share in all of the rights and privileges that I have in and to the above-referenced account, such rights including, but not limited to, the right to access account information and call record details, change rate plans, add or delete features, extend terms of service, upgrade and deactivate accounts, add new lines, and open new accounts. I hereby further agree that, notwithstanding the authorization(s) granted hereby, I shall remain solely responsible for all charges to the account listed above and for any new accounts which I or any of the following individuals may open pursuant to this authorization. This designation shall remain in effect until cancelled by me in writing.

*Names of individuals authorized pursuant to the foregoing: (Must be at least 18 years of age.)*

\_\_\_\_\_  
Authorized Person (*print*)                      Authorized Person (*print*)                      Authorized Person (*print*)

**Authorization to Remove Account Access**

I, as the person financially responsible for the above account, hereby authorize removal of the individual(s) listed below from access to the account. I understand that by removing the individual(s) listed below, they will no longer have any access to the account including, but not limited to, making changes to the account and requesting any account information.

*Names of individuals removed pursuant to the foregoing:*

\_\_\_\_\_  
Authorized Person (*print*)                      Authorized Person (*print*)                      Authorized Person (*print*)

**Request for Password/Secret Question**

I request the password and secret questions indicated below be added to or changed on my account. I understand that I or any authorized individuals on my account may be asked to verify this password/secret question when contacting an Nsight representative regarding the above-mentioned account.

**Password:**  *The password must be between 4 and 16 characters*

**Secret Questions:** Select (x) TWO of the secret questions shown below, and enter your answers in the boxes provided.

- |   |                      |
|---|----------------------|
| ___ <b>What was your first job?</b>                       | <b>Answer:</b> _____ |
| ___ <b>Who is your favorite sports figure?</b>            | <b>Answer:</b> _____ |
| ___ <b>What is the name of your favorite teacher?</b>     | <b>Answer:</b> _____ |
| ___ <b>What is the name of the street you grew up on?</b> | <b>Answer:</b> _____ |
| ___ <b>What was the name of your 1<sup>st</sup> pet?</b>  | <b>Answer:</b> _____ |

**Signature of Financially Responsible Party**

I certify that I am the financially responsible party for the account identified above, and authorize the changes requested.

\_\_\_\_\_  
Print Name    Signature    Date