

Corporate 1000[®] Format

Format Change 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.

Use this form to communicate all authorization changes concerning your Corporate 1000 Program. HID recommends that each end-user maintain an original copy of this form listing all changes. Enter your company information in Table 1.

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

Table 1: End Customer’s Company Information

Company Name	
Format Code	

To change the contact details of the person(s) authorized to act on behalf of your company (“**Authorized Contact**”) in establishing and maintaining the Authorized HID Purchasers/Service Providers provide the new Authorized Contact information in the Table 2 below. **Only a current Authorized Contact can add/remove Authorized Contacts.**

Table 2: End Customer’s Authorized Contact Information*:

	Authorized Contact (Primary)	Authorized Contact (Secondary)
	<input type="checkbox"/> ADD or <input type="checkbox"/> Remove	<input type="checkbox"/> ADD or <input type="checkbox"/> Remove
Contact Name		
Title		
Phone Number		
Email Address		
Authorized Contact’s Specimen Signature (Primary and Secondary):		
Date		

*Must be authorized by a **current** Primary or Secondary Authorized Contact in order to add/remove or change the Authorized Contact information.

To ensure the security of your CD, you must authorize which HID service provider(s) may purchase your CD on your behalf. Changes to this information should be entered in Table 3 below:

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

	Authorized HID Purchaser (Primary)	Authorized HID Purchaser (Secondary)
	<input type="checkbox"/> ADD or <input type="checkbox"/> Remove	<input type="checkbox"/> ADD or <input type="checkbox"/> Remove
Company Name	<input type="text"/>	<input type="text"/>
Contact Name	<input type="text"/>	<input type="text"/>
Contact Title	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Phone Number	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

By signing below, you confirm that you are a current **Authorized Contact** of the End Customer and authorize and approve HID to make these changes to the End Customer's Authorized Contact(s) and/or HID Authorized Purchaser(s) and acknowledge and agree to the HID Global Corporation [PACS Credential Program Terms of Use](https://www.hidglobal.com/legal/pacs-credential-program-terms-use) ("Terms of Use"). A copy of the Terms of Use is available at <https://www.hidglobal.com/legal/pacs-credential-program-terms-use>.

Company	<input type="text"/>	Current Authorized Signature	<input type="text"/>
Date	<input type="text"/>	Name	<input type="text"/>
		Title	<input type="text"/>

To add or remove authorizations, submit this signed form to: credentialprograms@hidglobal.com.

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