



Complete **all** information on this application form, **including the letter of consent**, and fax to (304) 217-2612 or email to [Allen@BestBusinessStrategies.com](mailto:Allen@BestBusinessStrategies.com) with subject line PASSWORD RESET.

Keep in mind that this inbox is for password retrieval applications only. It is not monitored for support-related inquiries.

**After faxing the required information**

After we have received the signed form, Swiftpage Customer Service will contact you to set up an appointment to reset your password. Our Customer Service department will also notify you of any issues with the form and process any payment (if required). An appointment email will be sent to you once the appointment has been scheduled. If you need to reschedule your call time, please respond to the appointment email directly.

Note: User ID/Password Recovery is a chargeable service and will incur a fee of \$95. Payment must be received prior to the completion of the Password Reset service. Any credit card information will be collected prior to scheduled appointment.

**Application for User ID/Password Reset Service**

Customer ID #: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Version of Act!: \_\_\_\_\_ Database Name: \_\_\_\_\_

When is the best time to call the contact person listed below to schedule the password reset appointment?

\_\_\_\_\_ **Time Zone:** Pacific  Mountain  Central  Eastern

If available, what is your appointment day and time preference? \_\_\_\_\_.

**A Letter of Consent from an Officer of Your Company**

For security reasons we require an authorized person to complete the following letter of consent form. This form will need to be completed in its entirety before we are able to recover your User IDs and Passwords.

**To Whom It May Concern:** I, \_\_\_\_\_, give my consent for Swiftpage ACT! LLC and its employees to recover my User IDs and Passwords for my Act! Database. The person(s) at my company that are authorized by me to call Swiftpage and receive this information is/are: \_\_\_\_\_  
They can be reached at the following number \_\_\_\_\_

**I also understand and agree to a charge of \$50.00 plus sales tax if applicable for User ID/Password Service.**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_