

Request to Assist with Change of Secure Password

COMPANY INFORMATION

Company Name: _____
Contact: _____ Contact Phone: _____
Address: _____

By signing, the author(s) grant(s) permission for Wellspring Software, Inc. support personnel to assist the designated Contact to override and replace the PrintBoss System Security Password.

Approved by (Please Print): _____

Signed _____ Date: _____

Approved by (Please Print): _____

Signed _____ Date: _____

Please fax the signed form to:

Wellspring Software, Inc. (636) 527-0012 Attention: Technical Support