

Permission Form – Online Account Administrator

Company Information

Company Name:		
United Account Number:		
Owner/Officer Name:		
Title:		
Phone:		
Access Delegated To		
Name (First and Last):		
Title:		
Phone:		
Email:		
Permission Signature		
	r logins s for URI.com purchases by L reshold must be reviewed/app	[Delegate Name] to be set up as an Account ill be able to: User (weekly, monthly, quarterly, annually or by purchase). Proved by the Account Administrator before being submitted
By requesting this permission, I u • Keeping User logins cui • All purchases submitted	rent and accurate by a User and/or approved b	y the Account Administrator
	Signature of Owi	ner/Officer
	Date	
	Print Name	
*Please print, complete and ema Refrigeration, Inc. – eComm Dep		Email: ecommlogins@uri.com Fax: 215-677-2596

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