



Account Information Change (AIC) Form

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Account ID # _____

or Serial # _____

Choose Your Business Type:

Old Company Name: _____

New Company Name: _____

Old DBA: _____

New DBA: _____

Old Phone #: _____

New Phone #: _____

Old Fax #: _____

New Fax #: _____

Old BILLING Address:

New BILLING Address:

Street: _____

Street: _____

Apt/Ste/Unit/Bldg #: _____

Apt/Ste/Unit/Bldg #: _____

City, State, Zip: _____

City, State, Zip: _____

If your Billing Address is a PO Box, a Physical Address is required

Old PHYSICAL Address:

New PHYSICAL Address:

Street: _____

Street: _____

Apt/Ste/Unit/Bldg #: _____

Apt/Ste/Unit/Bldg #: _____

City, State, Zip: _____

City, State, Zip: _____

To Add and/or Delete Contact Name(s) Listed on Account:

(When adding contacts, please include title & email address; when deleting contacts, write the name followed by the word *delete*)

****Page 2 must be completed for a change to the Primary Contact of Record and/or MyCalyx.com Administrator****

I, _____, as Owner President Vice President
of _____, give my consent to Calyx Software to make the above changes.

Signature of Consenting Official: _____



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Account ID # _____ or Serial # _____

Primary Contact of Record Change

I, _____, as _____ Owner _____ President _____ Vice President of _____, give my consent to change the Primary Contact of Record on the Point and/or PointCentral Software account from the currently listed Primary Contact of Record and hereby appoint _____ as the new Primary Contact of Record. I understand that by appointing this person as the new Primary Contact of Record, I am giving them full authorization to make changes to the account, including the right to change company information, change passwords, purchase/cancel seat licenses, etc.

Signature of Consenting Official: _____ Date: _____

****New Primary Contact of Record Information:**

Title: _____ Email Address: _____

****In order to make changes to both the Primary Contact of Record and the MyCalyx.com Administrator, the top and bottom portions of this page MUST be completed****

MyCalyx.com® Administrator Change

I, _____, as _____ Owner _____ President _____ Vice President of _____ give my consent to change the MyCalyx.com Administrator for Point® and/or PointCentral® account and hereby appoint _____ as the new MyCalyx.com Administrator. I understand that by appointing this person as the MyCalyx.com Administrator, I am giving them full authorization to administer the MyCalyx.com website, including the right to deploy seats, set up specific functions for each end user, purchase products and maintain the user management site, etc.

Signature of Consenting Official: _____ Date: _____

****New MyCalyx.com Administrator Information:**

Title: _____ Email Address: _____

Please return the completed form (both pages) via fax to 214-252-5650 or via email to salesadministrators@calyxsoftware.com