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## **ARCS Cloud User Request Form**

| Company<br>Name: _                           |                      |   | Date:                |                    |
|--|----------------------|---|----------------------|--------------------|
| Company<br>Address: _<br>Primary<br>Contact: |                      |   | -<br>Phone #:        |                    |
| Technical                                    |                      |   | E-mail:              |                    |
| Number of<br>Licenses: _                     | Program:             |   |                      |                    |
|  | New Cloud Customer □ | New User □ Delete User □  | Information Change   | e 🗆                |
| First Name                                   | Last Name            | Email Address   | Contact Numbe        | r Residing Country |
|  |                      |   |                      |                    |
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|  |                      |   |                      |                    |
|  |                      |   |                      |                    |
| By signing this                              |                      | ve authorization to make decisions  | regarding authorized | I users of ARCS    |
|  | ager Name            | Signature:  |                      |                    |
|  |                      | Date:   |                      |                    |
|  |                      | 6-997-6971 or scan and email to <u>e</u><br>s, please call 813-345-2744 or em |                      |                    |

For Internal Use Only – Acct ID: