Additional Authorized Representatives Form

KVH

All fields required unless noted otherwise

Effective 1 October 2015

Subscriber/Company: *(if applicable)*

KVH Account No.: *(if available)*

1. Authorized Representatives *(use additional sheets if necessary)*

Representative No. 1: ☐ *Fleet-wide* ☐ *System only*	**Representative No. 2:** ☐ *Fleet-wide* ☐ *System only*
Name:	Name:
Title:	Title:
Company Name: *(if applicable)*	Company Name: *(if applicable)*
Email:	Email:
Phone No.:	Phone No.:

Representative No. 3: ☐ *Fleet-wide* ☐ *System only*	**Representative No. 4:** ☐ *Fleet-wide* ☐ *System only*
Name:	Name:
Title:	Title:
Company Name: *(if applicable)*	Company Name: *(if applicable)*
Email:	Email:
Phone No.:	Phone No.:

Representative No. 5: ☐ *Fleet-wide* ☐ *System only*	**Representative No. 6:** ☐ *Fleet-wide* ☐ *System only*
Name:	Name:
Title:	Title:
Company Name: *(if applicable)*	Company Name: *(if applicable)*
Email:	Email:
Phone No.:	Phone No.:

Authorized Representatives Permissions - Authorized Representatives listed on this form have permission to act on the subscriber's and/or subscribing company's behalf with respect to the account, with permission to receive account information, and make changes to the account. Such activities may include:

- Request and agree to terms of new, or changes in, subscription rate plans, packages, channels, and/or operations content
- Request information regarding billing and usage details
- Request data usage monitoring alert
- Act on billing matters
- Request password for KVH airtime e-bill portal
- Request service suspension
- Request termination of contract

2. Signature

Signee Role: ☐ Subscriber ☐ Subscribing Company Representative

Name: (PRINT) _____ Date: _____

Signature: _____

YOUR SIGNATURE INDICATES THAT YOU DESIGNATE THE INDIVIDUAL(S) LISTED ABOVE TO ACT ON YOUR BEHALF IN ACCORDANCE WITH THE PERMISSIONS LISTED ABOVE.

Fax/Email this completed form to the KVH Airtime Group:

satelliteservices@kvh.com

Fax: +1 401 851-3823

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Subject to change without notice