# **Password Default/Dealer Change Request Form**

Customer and Dealers: Complete all fields and obtain End User Authorization Signature. Sign completed form, scan and mail to TechSupport@tadiranamerica.com

|  |  |
| --- | --- |
| Date:  |  |
| Regional Sales Manager: |  |
| Dealer Company Name: |  |
| Dealer Contact Person: |  |
| Dealer Contact Phone: |  |
| Dealer Contact Email: |  |
| Customer Company Name: |  |
| Customer Phone: |  |
| Customer Contact: |  |
| Customer Contact Phone: |  |

|  |  |
| --- | --- |
| Site ID #: | Login Authorization: |
| Coral System SAU #:Aeonix Key ID #:System Software Version:Dial In Number:**Note: The passwords can only be set to the system default. Special log-ins and passwords will not be assigned** | 🞎 I authorize Tadiran Telecom Inc. to reset the current password level (checked below) and provide the Dealer with the login to my Tadiran product listed above. This will allow the Dealer to perform additional, changes moves and/or upgrades🞎 Technician Level (for advanced diagnostics and maintenance)🞎 Customer Level (standard level required for upgrades/installations) |

🞎 By checking this box I authorize Tadiran Telecom Inc. to change my current Dealer to the Dealer listed above for all my Tadiran systems. I understand that my previous Dealer will no longer be assigned to this account (this box must be checked if technician level access is needed).

|  |  |  |
| --- | --- | --- |
| Customer Name | Authorized Signature | Print Name and Title |