

PrimePoint Web Services Registration Form

Primepoint's web-based services are designed to address a wide range of payroll needs. Please complete this form and return to receive your web activation agreement(s).

Desired Business Portal

- Business Direct Access™ (BDA)
- Primepoint's EHR™ (EHR)

Affiliation:

PP Salesman:

Your Business Name: _____

Web User(s) Information:

| | | |
|--|-----------------------------------|--------------------------------|
| Name 1: _____ | System Administrator | User ID _____ |
| <i>(Minimum 8 characters, case sensitive)</i> | | |
| Business Affiliation: | Employee <input type="checkbox"/> | Owner <input type="checkbox"/> |
| How would you like to receive your temporary password? | | |
| <input type="checkbox"/> Fax # _____ | (will call prior to transmission) | Phone # _____ |
| <input type="checkbox"/> Email _____ | Multi-User: | Yes No |

| | | |
|--|-----------------------------------|---|
| Name 2: _____ | Additional | User ID _____ |
| <i>(Minimum 8 characters, case sensitive)</i> | | |
| Business Affiliation: | Employee <input type="checkbox"/> | Owner <input type="checkbox"/> 3 rd Party <input type="checkbox"/> |
| How would you like to receive your temporary password? | | |
| <input type="checkbox"/> Fax # _____ | (will call prior to transmission) | Phone # _____ |
| <input type="checkbox"/> Email _____ | Multi-User: | Yes No |

| | | |
|--|-----------------------------------|---|
| Name 3: _____ | Additional | User ID _____ |
| <i>(Minimum 8 characters, case sensitive)</i> | | |
| Business Affiliation: | Employee <input type="checkbox"/> | Owner <input type="checkbox"/> 3 rd Party <input type="checkbox"/> |
| How would you like to receive your temporary password? | | |
| <input type="checkbox"/> Fax # _____ | (will call prior to transmission) | Phone # _____ |
| <input type="checkbox"/> Email _____ | Multi-User: | Yes No |

| | | |
|--|-----------------------------------|---|
| Name 4: _____ | Additional | User ID _____ |
| <i>(Minimum 8 characters, case sensitive)</i> | | |
| Business Affiliation: | Employee <input type="checkbox"/> | Owner <input type="checkbox"/> 3 rd Party <input type="checkbox"/> |
| How would you like to receive your temporary password? | | |
| <input type="checkbox"/> Fax # _____ | (will call prior to transmission) | Phone # _____ |
| <input type="checkbox"/> Email _____ | Multi-User: | Yes No |

I authorize the 3rd party professional(s) listed above to have read-only, BDA access:

Authorized Business Representative: _____ Date: _____