

## WildCADsupport.net Request for UserID

First Name:	Nickname:	
Last Name:	<u> </u>	
Title/Position:		Center:
City:		State:
Phone:	Email:	
Requested UserID:		
Does this employee have the services not covered by the		bligate payment for after-hours support rt agreement?
	Yes	No
Is this employee authorized potentially having an impac		IdCAD software updates and other files ations:
	Yes	No
Signed:		_ Date:
Approved: Center Manager		_ Date:
Note: a WildCAD Center Inform	nation sheet dated w a UserID will be e	vithin the past 6 months must be on file before established.
Please fax	this completed for	rm to: <b>714-200-0279</b>

2973 HARBOR BLVD, #572, COSTA MESA, CALIFORNIA 92626 (714) 557-5961