KVH Airtime Services

Airtime Account Authorized Representative Form

Subscriber Information

KVH Account #_____

Subscriber Name _____

Subscriber Company Name *(if applicable)* _____

Authorized Representative 1

Name _____ Title _____

Company Name *(if applicable)*_____

Address _____

City_____ State/Province _____

Postal/Zip Code _____ Country _____

E-mail_____ Cell Phone #_____

Phone # 1 _____ Phone # 2_____

Pager # _____ Fax # _____

Business Hours *(if applicable)* From_____ To_____

Authorized Representative 2

Name _____ Title _____

Company Name *(if applicable)*_____

Address _____

City_____ State/Province _____

Postal/Zip Code _____ Country _____

E-mail_____ Cell Phone #_____

Phone # 1 _____ Phone # 2_____

Pager # _____ Fax # _____

Business Hours *(if applicable)* From_____ To_____

For additional representatives, attach a second sheet.

Representatives listed have permission to act on the subscriber's behalf for the following functions:

- Request changes in subscription plans
- Act on behalf of owner in billing matters
- Request service suspension for security reasons
- Request service suspension for seasonal suspension
- Request information regarding billing
- Request password for KVH airtime e-bill portal
- Request termination of contract

Subscriber Signature _____ **Date** _____

Please fax or e-mail this form to the appropriate KVH Airtime Services Department:

N. America, S. America, Australia
+1 401 851-3823
satelliteservices@kvh.com

Europe, Middle East, Asia, Africa
+45 45 160 181
airtime@kvh.dk

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