

# Account Administration Form

Effective 22 September 2020



All fields required unless noted otherwise

FM\_Account\_Admin\_Form\_0920

**Subscriber/Company:** *(if applicable)*

**KVH Account No.:** *(if available)*

Use this form to authorize individuals to act on behalf of a KVH Airtime Services account, either as a myKVH Authorized User or an Authorized Representative, as defined below.

## Authorization:

### Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: *(if applicable)* \_\_\_\_\_

Email: \_\_\_\_\_

Phone No.: \_\_\_\_\_

State/Province/Territory: \_\_\_\_\_

Country: \_\_\_\_\_

### Authorized Representative:

Grant the full right, power and authority to act on the Subscriber's behalf with respect to the functions below AND grant all permissions of a myKVH Authorized User.

- Request and agree to terms of new, or changes in subscription rate plans, packages, channels, and/or operations content.
- Request and act on billing and usage information, including via the e-bill portal.
- Request service activation of additional vessels on the account; request service suspension, reactivation, or termination
- Designate myKVH Authorized Users, but not Authorized Representatives

Add

Remove

For KVH Account(s): \_\_\_\_\_

### myKVH Customer Portal Authorized User:

Grant authority to access myKVH to:

- View vessel location, speed, and heading
- View terminal status information and perform certain terminal configurations
- View data utilization details and setup data usage monitoring alerts
- Create technical support cases

Add

Remove

For KVH Account(s): \_\_\_\_\_

### Contact Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: *(if applicable)* \_\_\_\_\_

Email: \_\_\_\_\_

Phone No.: \_\_\_\_\_

State/Province/Territory: \_\_\_\_\_

Country: \_\_\_\_\_

### Authorized Representative:

Grant the full right, power and authority to act on the Subscriber's behalf with respect to the functions below AND grant all permissions of a myKVH Authorized User.

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Add

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For KVH Account(s): \_\_\_\_\_

## Signature

Name: *(print)* \_\_\_\_\_

Company: *(if applicable)* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:  Subscriber

On behalf of Subscriber, e.g., as management company *(KVH may require authorizing documentation)*

Authorized Representative *(only to add myKVH Authorized Users)*

Fax/Email this completed form  
to the KVH Airtime Group:  
**airtimeservices@kvh.com**  
**Fax: +1 401 851-3823**

Your signature indicates that you grant the individuals above to act in accordance with the authority listed above subject to the terms and conditions of the KVH Master Services Agreement and that you have the full right, power, and proper authority to make such a designation.