Account Administration Form

Effective 1 November 2023

All fields required unless noted otherwis



FM_Account_Admin_Form_1123

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:

Subscriber Information:	Authorized Representative:	
Name:	Name:	
Title:	Title:	
Company: (if applicable)	Company: (if applicable)	
Email:	Email:	
Phone No.:	Phone No.:	
Address:	Address:	
Postal Code:	Postal Code:	
State/Province/Territory:	State/Province/Territory:	
Country:	Country:	
Authorized Representative:	myKVH Customer Portal Access:	
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	Grant authority to access myKVH to: • View vessel location 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):	

Signature

Name: (p	rint)		
Company: (if applicable)		Fax/Email this completed form to the KVH Airtime Group:	
Signature	e.	Date:	airtimeservices@kvh.com
Signed:	Subscriber		Fax: +1 401 851-3823
On behalf of Subscriber, e.g., as management company (KVH may require authorizing documentation)			
Authorized Representative (only to add myKVH Authorized Users)			

Your signature indicates that you have reviewed and agree to the terms of the KVH Master Services Agreement ("MSA") and you grant the individuals above to act in accordance with the authorities listed above subject to the MSA and that you have the full right, power, and proper authority to bind you and your company to the MSA and make such a designation.

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