PBGW Client Portal Access Form

Owner/Officer

First Name		**Last Name**	
Email		**Phone**	
Company Name			

Employee Access

Name / Password* / Folder / Email					
	John Doe				
	abcde1!				
	jdoe@abccompany.com				
Accounting Information	**A**				
Financial Statements	**A**				
Tax Returns	**N**				

* Passwords must be at least 7 characters long, contain one symbol and one number. If the password supplied doesn't meet this criteria, you will be supplied a new password which is close to the one you specified.

A = Add/Delete Files (Employee can add or remove files for the folder indicated above.)
R = Read only (Employee can only view file and their contents but not add or delete files from folder.)
N = No Access allowed (Employee cannot access anything inside this folder.)

If you would like to add other folders names which do not appear, simply write the folder name in the blank lines provided in the matrix and then assign the employee rights.

To be signed by the owner/officer:
I, the undersigned, hereby authorize the above employees to access the PBGW portal with the rights indicated above. When an employee is no longer with the company, I will notify PBGW to remove that person from the portal. I will not hold PBGW liable for any damages as a result of using the portal.

Signature _____ Date _____

Printed Name _____

Please fax this form back to 215-997-7208 ATTN: Scott Groner

Privacy Notice: PBGW will not share your information with any third-parties unless directed, in writing, by the owner/officer of the company.