



# Wholesaler Financial Reporting On-Line Access Authorization Form

I, \_\_\_\_\_, an authorized representative of the  
*(please print)*

company, \_\_\_\_\_,  
*(as it appears on the contract)*

hereby authorize those listed below to have log on access to the above named company's on line  
Financial Reporting, as provided by CMG.

Name (print):	Title (print):	Email Address:

\_\_\_\_\_  
Signature (authorized)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Upon completion of this request form, please fax to:  
Attn: CMG – WFS Department Fax: (704) 375-1916