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AUTHORIZED PERSONNEL FORM

1st ISO would like to make the Morphis Database and 1st ISO Mobile App available to your company personnel and sub-ISOs. Please fill in the following information - fill in as many forms as you need for both company employees, sub-ISOs, and merchants.

COMPANY INFORMATION:

Company Name _____ Company TID _____

PERSONNEL/TERMINAL INFORMATION:

Name _____ Department _____

Address _____

City _____ State _____ Zip _____

Email address: _____

Terminal #s to grant access: _____

Name _____ Department _____

Address _____

City _____ State _____ Zip _____

Email address: _____

Terminal #s to grant access: _____

Name _____ Department _____

Address _____

City _____ State _____ Zip _____

Email address: _____

Terminal #s to grant access: _____

Name _____ Department _____

Address _____

City _____ State _____ Zip _____

Email address: _____

Terminal #s to grant access: _____

Name _____ Department _____

Address _____

City _____ State _____ Zip _____

Email address: _____

Terminal #s to grant access: _____

Signature: _____

Date: _____