Account Authorisation Form



By completing this form, you acknowledge and warrant that you are authorised to act in relation to the account for the business named in this form, and that all details are true and correct.

This form must be completed by the person who is the new authorised account holder.

Return to: Zettagrid Support		Email: support@zettagrid.com
Please tick to confirm that you are the ☐ The previous authorised account he ☐ The authorised email address cannot ☐ Other. Please specify:	older is no	longer with the business.
Existing Account Details		
Please provide your existing account d	letails	
Customer ID / Account Number		
Account Name / Company Name		
New Authorisation Details Please provide us with your details		
Full Name		
Contact Email Address		
Contact Telephone Number		
Mailing Address		
Authorisation		
Full Name:		Business Title:
Signature:		Date:
Please note that in order to proceed w support@zettagrid.com and ensure to		int authorisation you must send this form to copy of your valid photo ID.
Checklist		
□ Completed form attached		☐ Copy of valid photo ID attached