

Primary Account Contact Change

Complete this form to permit StarChapter to make changes on your organization's behalf to change the Primary Account Contact and Admin Area access. I understand that after gaining access, I may need to update the primary account contact name, address, or other billing information.

I, _____, of _____ grant
Authorized Person Customer (Organization Name)

permission to StarChapter to change the Primary Account Contact's information, including login and email information to the Admin Area of my StarChapter service.

A password reset link will be sent to _____.
Email

ALL SERVICES PROVIDED HEREUNDER ARE SUBJECT TO AND GOVERNED BY STARCHAPTER'S TERMS AND CONDITIONS.

Please email the completed form to billing@starchapter.com or fax to 866-721-6985.

Authorized Signature

Date