

# HID Elite Program

## Request and Authorization Form



The HID Elite program includes exclusive cryptographic keys (“Credential Data” or “CD”) that are developed specifically for use by the End Customer’s organization. Use any format, including the HID Corporate 1000® format. The End Customer must qualify, formally enroll, and be accepted by HID Global Corporation.

A custom authentication key provides increased security. HID assigns the key to guarantee uniqueness, and programs the site-specific readers and credentials.

With the HID Elite program, the End Customer has the flexibility to choose any access control hardware/software platform, or any Authorized HID Purchaser. As the HID Elite program End Customer, enter your company information Table 1. Enter the contact details of the persons authorized to act on behalf of your company (“**Authorized Contact**”) in establishing and maintaining the Authorized HID Purchasers and Authorized HID System Installers in Table 2. Ensure all fields are complete for the primary and secondary authorized contacts within your company.

**IMPORTANT:** This form must be legible to be considered acceptable. Please print or type.

**Table 1: End Customer’s Company Information**

<b>Company Name</b>	
<b>Mailing Address</b>	
<b>City</b>	
<b>State/Province/County</b>	
<b>Country</b>	
<b>Zip/Postal Code</b>	
<b>Company Website Link</b>	

**Table 2: End Customer’s Authorized Contact Information (2 contacts are required):**

	<b>Authorized Contact (Primary)</b>	<b>Authorized Contact (Secondary)</b>
<b>Contact Name</b>		
<b>Title</b>		
<b>Phone Number</b>		
<b>Email Address</b>		
<b>Authorized Contact’s Specimen Signature (Primary and Secondary):</b>		
<b>Date</b>		

To ensure the security of your credentials, authorize any HID Purchaser to purchase and manage your HID Credential Data on your behalf. Enter the Authorized HID Purchaser information in Table 3, and System Installers in Table 4. The End User Authorized Signer (either Primary or Secondary) is required to sign.

Use this form to communicate all authorizations concerning your HID Elite Credentials. It is recommended that the End Customer maintain an original copy of this form listing all authorizations. As the End Customer, it is your responsibility to notify HID of any changes to your Authorized HID Purchasers.

**Table 3: End Customer's Authorized HID Purchaser/Service Provider:**

	Authorized HID Purchaser (Primary)	Authorized HID Purchaser (Secondary)
<b>Company Name</b>		
<b>Contact Name</b>		
<b>Contact Title</b>		
<b>Address</b>		
<b>Phone Number</b>		
<b>Email Address</b>		

**Table 4: End Customer's Authorized HID System Installers:**

	Authorized HID System Installer (Primary)	Authorized HID System Installer (Secondary)
<b>Company Name</b>		
<b>Contact Name</b>		
<b>Contact Title</b>		
<b>Address</b>		
<b>Phone Number</b>		
<b>Email Address</b>		

Enter the program features here:

Credential Format (if different, enter here:  )

Custom Authentication Key

Sign below to apply for enrollment in this program.

Your enrollment in this program is conditional on HID's acceptance and approval of your request to join the program. By signing below, you authorize the above Authorized Contacts and Authorized HID Purchaser(s) and acknowledge and agree to the HID Global Corporation [PACS Credential Program Terms of Use](https://www.hidglobal.com/legal/pacs-credential-program-terms-use) ("Terms of Use"). A copy of the Terms of Use is available at <https://www.hidglobal.com/legal/pacs-credential-program-terms-use>. Any capitalized terms used in this form that are not defined shall have the same definition ascribed to them in the Terms of Use.

<b>End Customer/ Company Name</b>	<input type="text"/>	<b>Authorized Signature</b>	<input type="text"/>
<b>Date</b>	<input type="text"/>	<b>Name</b>	<input type="text"/>
		<b>Title</b>	<input type="text"/>

To apply for enrollment, submit this signed form to: [credentialprograms@hidglobal.com](mailto:credentialprograms@hidglobal.com).

For assistance, contact your Customer Service Representative. To add or remove authorizations, submit an HID Elite Program Change Form.

**For internal use only**

<b>HID Sales Manager</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Print Name	Signature	Date
<b>Issued HID Program Format Number</b>	<input type="text"/>		
	Entered by HID after approval.		