

COPIER ADMINISTRATOR FORM

CONTACT INFORMATION

Name	
Panther ID	
Department:	
Email	
Phone	

EQUIPMENT

Please check the equipment located in your department and provide additional information

Model - Black/White		Equipment ID/Serial #
e2505	<input type="checkbox"/>	
e207L	<input type="checkbox"/>	
e357	<input type="checkbox"/>	
e457	<input type="checkbox"/>	
e507	<input type="checkbox"/>	
e657	<input type="checkbox"/>	
e857	<input type="checkbox"/>	

Model - Color		Equipment ID/Serial #
e2555C	<input type="checkbox"/>	
e3055C	<input type="checkbox"/>	
e4555C	<input type="checkbox"/>	
e5055C	<input type="checkbox"/>	
e6560CT	<input type="checkbox"/>	

Authorized Signature _____

Authorized Signature _____

I hereby acknowledge that I have been authorized to serve as the administrator for my department equipment to control access and manage billing information. I will conduct business according to guidelines and in a responsible manner upon receiving credentials to access the Percut system.

For Business Use
