



DCT TELECOM GROUP, INC. CUSTOMER CPNI PASSWORD FORM

Please use this form to select a password that your company's designated representatives will use when they contact DCT Telecom Group for customer service or account-related inquiries.

Customer Name: _____

Password: _____
(Provide a one word password. Do not select a password that contains information about you that is readily available to third parties, such as a maiden name or an account number.)

Security Question: _____
(Select a question you want to be asked in case you forget your password. The question should help you remember your password.)

Authorized Customer Contacts (Include the employees you want to be allowed to discuss your account with DCT Telecom Group, Inc.):

1. Name: _____ **2. Name:** _____

Title: _____ **Title:** _____

Email: _____ **Email:** _____

3. Name _____ **4. Name:** _____

Title: _____ **Title:** _____

Email: _____ **Email:** _____

Authorized Signature: _____