

**TERAVIEW® KEY ENFORCEMENT OFFICES (EO) CHANGE REQUEST FORM  
(For existing Account Holders only)**

Your application is subject to acceptance by Teranet Inc. and its affiliates ("Teranet"). NOTE: Information collected from this form and the resulting usage of the Authorized Services will be used by Teranet for the purposes of administration of and access to systems, products and services. For questions on collection and use of this information, please contact Teranet at 1-800-208-5263 or 416-360-1190.

**Note: Accounts can change their Default Key EO and Additional EO(s) on or before September 24<sup>th</sup> of each year with such changes to take effect on the annual renewal date. Changes with respect to adding Additional Key EO(s) and changes to the Default Key EO due to the following will take effect within five (5) business days of receipt of signed Change Request Form.**

- **Your organization relocates to another jurisdiction during the subscription term.**

**1. ACCOUNT HOLDER INFORMATION – Please complete this section**

Account Name (Existing Account Holder only)

Account Number (Existing Account Holder only)

Account Holder (Business/Firm/Organization/Individual) Legal Name

Street Address

City

Province

Postal Code

Telephone (Include area code)

Facsimile (Include area code)

Authorized Account Holder Representative Email Address  
(required to process form)**2. CHANGE/DELETE KEY ENFORCEMENT OFFICE(S)**

From:

To:

Change Default KEY Enforcement Office (EO): \_\_\_\_\_

Delete the following Additional KEY EO(s): \_\_\_\_\_

**3. AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE ACKNOWLEDGEMENT (PLEASE PRINT)**

FIRST NAME

MIDDLE NAME AND/OR INITIAL

LAST NAME

By signing below, the Authorized Account Holder Representative confirms that it (i) has verified the accuracy of the information it has provided (ii) agrees to the terms and conditions of the requested Authorized Services which are located at <https://www.teranetexpress.ca/content/tvuser/newcustomer/installtv/terms/TV6.pdf> and (iii) use of the Authorized Services must be in accordance with applicable statutes and regulations thereunder and (iv) has authority to bind the Account Holder. I agree to have Teranet debit any processing fees from my Teraview Deposit Account. Sign and send this form to Teranet for its review and acceptance.

X

AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE SIGNATURE

DATE (MM/DD/YYYY)

FAX THIS FORM AND ATTACHMENTS TO TERANET INC.: 416-360-6069 OR MAIL. TERANET INC. IS LOCATED AT 123 FRONT STREET WEST, SUITE 700, TORONTO, ONTARIO M5J 2M2.

YOU MAY CONTACT TERANET INC. EITHER BY CALLING 416-360-5263 OR EMAILING US AT [INFO@TERANET.CA](mailto:INFO@TERANET.CA) OR VISITING US ON OUR WEBSITE AT [WWW.TERANET.CA](http://WWW.TERANET.CA).