



## Agent Access or Opt-out/Delete Request Form

By submitting an access or opt-out/delete request, you are acknowledging that you understand any attempt to mislead may result in prosecution, and that the information given by you is true and accurate.

The information requested below is necessary to fulfill the access or opt-out/delete request you are submitting for your client. The information you provide will ONLY be used and maintained for this purpose. It is necessary for us to keep a record of your access or opt-out/delete request to answer any questions that may arise in the future.

Please provide the following information so we can search our Call Knowledge Suite and provide access or suppress the information from sale.

### Information we need about the individual for whom you are submitting the request:

Request for [\_\_\_\_] Access and/or [\_\_\_\_] Opt-Out/Delete (Please mark all that apply)

U.S. Phone Number: [must be (xxx) xxx-xxxx]: \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt or Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Additional information we need to fulfill the request you are making:

In order to verify the information you have submitted above, please provide that portion of your client’s telephone or utility bill which identifies the provider by name, and shows the individual’s name, address and phone number.

In order to verify your identity and your authority as the authorized agent for the above-named individual, you **must** also submit the following:

1. A copy of your written agreement with the individual authorizing you to act on their behalf.
2. If you are a business entity, a copy of your registered organizational document or a current certificate of good standing from your Secretary of State.



3. Complete the following:

Agent's Name (First, Last): \_\_\_\_\_

Agent's Business Name: \_\_\_\_\_

Agent's Mailing address \_\_\_\_\_

Apt or Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agent's Email (for contact purposes only): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This request form should be returned to:

*First Orion Corp.  
Compliance Dept., Attn: Opt-out  
520 Main Street, Ste. 400  
North Little Rock, Arkansas 72114  
1-877-640-4220*

A separate request form is required for each individual for whom you are acting as their authorized agent with the information requested above.