WESTPAC LABS

XIFIN iNet Client Portal Access Approval

Please emailed completed form to: inetclientportalsupport@westpaclab.com

Account Name: _____ Account Number: _____

ASR/Rep Name: _____ Region: BAK ☐ SFS ☐ SLO ☐

Phone Number: _____ Fax Number: _____

Address: _____
   Street   City   State   Zip

Portal Administrator: _____
                First   Last

Email Address: _____

_____
Title of Administrator in the office

Additional Users (list first and last name)

| 1. _____ |
| First   Last |
| Email Address:_____ |
| **(Circle access option requested)** |
| Client Invoices: No Access   Read Only   Update |
| Price Inquiry: No Access   Read Only |
| Docs: No Access   Read Only   Update |
| Billing Errors: No Access   Update |
| Quick Pay: No Access   Read Only   Update |
| User Admin: No Access   Read Only   Update |

| 2. _____ |
| First   Last |
| Email Address:_____ |
| **(Circle access option requested)** |
| Client Invoices: No Access   Read Only   Update |
| Price Inquiry: No Access   Read Only |
| Docs: No Access   Read Only   Update |
| Billing Errors: No Access   Update |
| Quick Pay: No Access   Read Only   Update |
| User Admin: No Access   Read Only   Update |

I _____ authorize the users listed above to have access to the XIFIN iNet Client Portal for my account.

Authorized by:_____
          First   Last

Signature:_____ Date:_____