

# POINT OF CONTACT MAINTENANCE

## Purchasing CPP (DoD)

Agent Number \_\_\_\_\_

Company Number \_\_\_\_\_

### Type of Contact

(✓) Check box that applies

Primary:  A/OPC

Finance Office

TDO

EDI

Alternate:  A/OPC ALT.

Finance Office ALT.

TDO ALT.

EDI ALT.

Other  (up to 8 (eight) other contacts, indicate contact type) \_\_\_\_\_

### Reporting Levels:

Level 1: \_\_\_\_\_ Level 2: \_\_\_\_\_ Level 3: \_\_\_\_\_ Level 4: \_\_\_\_\_

Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_ Level 7: \_\_\_\_\_

## Fill in Only the Information Below that is to be Changed

### Point of Contact Setup Information to be Changed:

Last Name: \_\_\_\_\_  
(max. 20 char.)

First Name: \_\_\_\_\_  
(max. 20 char.)

Dept/Office/Agency Name: \_\_\_\_\_  
(max. 30 char.)

Address 1: \_\_\_\_\_  
(max. 30 char.)

Address 2: \_\_\_\_\_  
(Optional) (max. 30 char.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
(max. 15 char.) (max. 10 char.)

Phone Number: \_\_\_\_\_ Phone Ext.: \_\_\_\_\_  
(max. 17 char.) (max. 5 char.)

Fax Number: \_\_\_\_\_ Fax Ext.: \_\_\_\_\_  
(max. 17 char.) (max. 5 char.)

E-mail Address: \_\_\_\_\_  
(Optional) (max. 60 char.)

Web Site Address: \_\_\_\_\_  
(Optional) (max. 60 char.)

### Verification Identification to be Changed (Password)

\_\_\_\_\_  
(max. 12 char.)

### Form Submitted by:

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

### For I.M.P.A.C. Government Services use only:

Rec'd Date: \_\_\_\_\_ Input Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

Reject Date: \_\_\_\_\_

Reject Reason:

Incomplete (missing information circled or highlighted)

Other \_\_\_\_\_

### MAIL REQUEST TO:

I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347

FAX REQUEST TO: 701-461-3466

☎ 888-99-IMPAC (888-994-6722)



I.M.P.A.C.®

Government Services

Point of Contact Maintenance Form (CERMNT-DoD)

**POINT OF CONTACT MAINTENANCE**

**Purchasing CPP (DoD)**

Agent Number \_\_\_\_\_ Company Number \_\_\_\_\_

**Type of Contact**

(✓) Check box that applies

Primary:  A/OPC  Finance Office  TDO  EDI  
 Alternate:  A/OPC ALT.  Finance Office ALT.  TDO ALT.  EDI ALT.  
 Other  (up to 8 (eight) other contacts, indicate contact type)

**Reporting Levels:**

Level 1: \_\_\_\_\_ Level 2: \_\_\_\_\_ Level 3: \_\_\_\_\_ Level 4: \_\_\_\_\_  
 Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_ Level 7: \_\_\_\_\_

**Fill in Only the Information Below that is to be Changed**

**Point of Contact Setup Information to be Changed:**


Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Dept/Office/Agency Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Phone Ext.: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Fax Ext.: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_

**Verification Identification to be Changed (Password)**

\_\_\_\_\_

<p><b>Form Submitted by:</b></p> <p>Signature: _____                  Print Name: _____                  Phone: _____                  Fax: _____ Date Submitted: _____</p>	<p><i>For I.M.P.A.C. Government Services use only:</i></p> <p>Rec'd Date: _____ Input Date: _____                  Completed By: _____                  Reject Date: _____                  Reject Reason:  <input type="checkbox"/> Incomplete (missing information circled or highlighted)  <input type="checkbox"/> Other</p>
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MAIL REQUEST TO:  
 I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347  
 FAX REQUEST TO: 701-461-2466  
 888-99-IMPAC (888-994-6722)



Form: CERMNT-DoD (9/98)

- \*Agent Number: Indicate the Agent number associated with this request.
- \*Company Number: Indicate the Company number associated with this request.
- \*Type of Contact Check the appropriate box that applies to this Point of Contact maintenance request. If checking the Other box, indicate the type of contact (i.e. 2nd Alternate A/OPC, 3rd Alternate A/OPC, 2nd Alternate TDO).
- \*Reporting Levels Indicate the level numbers associated with this maintenance request. A separate form must be completed for each Point of Contact maintenance request.

*Complete only the information below that is to be changed.*

Point of Contact Setup Information to be Changed

- Last Name: Indicate the last name of the contact.
- First Name: Indicate the first name of the contact.
- Dept/Office Agency Name: Indicate the Department, Office or Agency name associated with this contact.

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- Address 1: Indicate the mailing address line of the contact. This address information will be used on all I.M.P.A.C. Government Services correspondence to the agency contact (i.e. reports, invoices, newsletters).
- Address 2: Indicate the second address line of the contact (i.e. PO Box or suite number).
- City: Indicate the city of the contact address.
- State: Indicate the state of the contact address.
- ZIP: Indicate the ZIP code of the contact address.
- Country: Indicate the country of the contact address.
- Phone Number and Ext.: Indicate the phone number and extension number of the contact.
- Fax Number and Ext.: Indicate the fax number and extension number of the contact.
- E-mail Address: Indicate the e-mail address of the contact.
- Web Site Address: Indicate the Web site address of the agency.

Verification Identification to be changed:

If the Point of Contact is changing, please re-assign a new password. Indicate the new password the contact will use when contacting I.M.P.A.C. Customer Service for any account inquiries or maintenance. The password can be up to 12 alphabetical and/or numeric characters in length. Choose a password easy to remember. Do not share this password.

Form Submitted by

- \*Signature: Signature of the contact submitting this form.
- \*Print Name: Print the name of the contact submitting this form.
- \*Phone: Indicate the phone number of the contact submitting this form.
- \*Fax: Indicate the fax number of the contact submitting this form.
- \*Date Submitted: Indicate the date the form is mailed or faxed to I.M.P.A.C. Government Services.

\*Fields names marked with an asterisk (\*) are required fields and/or sections and must be completed. Any required fields not completed will cause a delay in the maintenance request. The incomplete form will be returned to the contact submitting the form or the contact will receive a call requesting the missing information.

