### 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: ________________________________(max. 15 char.)
- Phone Number: ____________________________ Phone Ext.: ______________________________________ (max. 17 char.)
- Fax Number: ________________________________________________________________________________(max. 17 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)

Form: CERMNT-DoD (9/98)
Point of Contact Maintenance Form (CERMNT-DoD)

*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.
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.
Reporting Hierarchy Maintenance Form (TBRMNT-DoD)

*Check Level Change Desired*
Check the appropriate box for this maintenance request.

*Agent Number*
Indicate the Agent number associated with this request.

*Company Number*
Indicate the Company number associated with this request.

*Reporting Levels*
Indicate the hierarchy level numbers associated with this request. A separate form must be completed for each maintenance request.

Report Recipient Information to be changed
Dept/Office/Agency Name: Indicate the Department, Office or Agency name for the report recipient.

Recipient Name: Indicate the name of the recipient to receive the TBR reports.

Address 1: Indicate the first line of address for the report recipient.

Address 2: Indicate the second line of address for the report recipient.

City: Indicate the city of the report recipient.

State: Indicate the state of the report recipient.

ZIP: Indicate the ZIP code of the report recipient.

Country: Indicate the country of the report recipient.