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 Port Lavaca, TX 77979  
 Phone: (361)552-7823  
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Website: [www.cscportlavaca.org](http://www.cscportlavaca.org)  
[customerservice@cscportlavaca.org](mailto:customerservice@cscportlavaca.org)

### Request for Username and Password

- Please complete the following information to request a username and password and return by email to [customerservice@cscportlavaca.org](mailto:customerservice@cscportlavaca.org). No faxes, please.
- Each individual who will serve as a registrar for your company will be required to fill out and email this form from their personal email account.
- No electronic signatures, please.

Please ADD\_\_\_\_\_ or DELETE\_\_\_\_\_ (mark with a X), the following user/registrar to this account:

|                           |       |
|---------------------------|-------|
| Client ID:                | Date: |
| Company Name:             |       |
| Physical Address:         |       |
| Billing Address:          |       |
| City, State and Zip Code: |       |

|  |                    |
|--|--------------------|
| Contact Name (PRINTED) of person being added or deleted: | Title:             |
| Phone Number:  | Cell phone number: |
| Fax Number:  |                    |
| Email Address:   |                    |

|                     |                     |
|---------------------|---------------------|
| Requested Username: | Requested Password: |
|---------------------|---------------------|

|  |       |
|--|-------|
| Signature of registrar (if adding a user): | Date: |
|--|-------|

|   |        |
|---|--------|
| Signature of Authorized Corporate Representative: | Date:  |
|   | Title: |