



Access Card Application

Personal Information	Company Information
Last Name:	Company Name:
First Name:	Company Address:
Middle Initial:	Company City:
Drivers License / State:	Company State:
Address:	Company Zip Code:
City:	Company Phone & Ext:
State:	Position Title:
Zip Code:	
Home / Cell Phone:	Email Address:
Birth Date:	Attention SingleEdge Customer Advocate:

Date: \_\_\_\_\_ (dd/mm/yyyy)

Applicant Signature: \_\_\_\_\_

**Form can be faxed to 801-880-6504 and/or emailed to: [advocates@singleedge.com](mailto:advocates@singleedge.com)**  
 Allow 24 hours for approval processing. Contact your customer advocate to schedule an appointment to pick up your access badge and get a hand geometry scan.  
 Signature required at time of delivery

Internal Use Only
Date: Assigned: ___/___/___
Badge ID: _____
Access Level: _____
Notes: _____