

AGENT OR OPERATOR PASSWORD REQUEST FORM

(Print this request form on your company letterhead before submitting.)

Date: _____

Agent #: _____

or

Operator #: _____

Company Name: _____

E-mail Address: _____

Please assign a password for above Agent or Operator.

Signature

PRINTED NAME

Password will be assigned upon receipt of this completed form.

Send or email to:

Ms. Sharon Douglass
Pritchard & Abbott, Inc.
4900 Overton Commons Court
Fort Worth, Texas 76132-3687

Telephone – 817-370-3215
email: sdouglass@pandai.com



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