



**Bayer HealthCare**  
Animal Health Division

**BayerDVM  
Clinic Access Request for  
Payment Services  
and  
My Statement and Invoices**

Please complete the following information, then return by fax to 1-913-962-5120 or mail to: Bayer Credit Services, Attn: My Account Access, P.O. Box 390, Shawnee, KS, 66201.

**To be completed by the Requestor**

<b>Requestor Information</b>			
<i>Requestor Name:</i>	<i>Clinic Name:</i>	<i>Phone Number:</i>	<i>Bayer Account Number:</i>
<i>Title:</i>	<i>BayerDVM User ID (e-mail address):</i>		
<i>Request Purpose:</i> New <input type="checkbox"/> Modify <input type="checkbox"/> Revoke <input type="checkbox"/>			
<i>Access Level Requested:</i> Payment Services <input type="checkbox"/> My Invoice and Statements <input type="checkbox"/> Other <input type="checkbox"/> _____			

<b>Requestor Acknowledgement</b>		
<p>The requestor acknowledges that this account provides special privileges driven by business necessity including direct access to important files and critical system functions. There are specific roles which require these special privileges, such as clinic and account administrators. A large degree of trust is placed in a person in these roles, and it is required that: they will act in the account's best interest, the privileged access will only be used for account business, all related Conditions of Use (as stated on BayerDVM.com) will be strictly adhered to, and all applicable account requirements will be adhered to. The requestor will immediately report to BayerDVM Web Site Administration any issues they discover relating to the security or integrity of the data and systems they are tasked to administer.</p>		
<i>REQUESTOR (PRINTED NAME):</i>	<i>REQUESTOR (SIGNATURE):</i>	<i>DATE:</i>

**To be completed by the Practice Owner**

<b>Approvals</b>
<p>The practice owner/approver acknowledges that the requestor has a business need that requires system access that includes the ability to potentially modify clinic account information. The approvers certify that the requestor has the qualifications needed to execute the assigned tasks. The approvers trust the requestor to use excellent judgment, and will notify BayerDVM Web Site Administration immediately if there is any change in the need for the requestor to access production files using the special privileges.</p>

<b>Practice Owner Approval</b>		
<i>APPROVER (PRINTED NAME):</i>	<i>APPROVER (SIGNATURE):</i>	<i>DATE:</i>

**To be completed by BayerDVM Web Site Administrator**

<b>Access Implementation/Verification</b>		
<p>The BayerDVM Web Site administrator certifies that the access request and limitations have been verified as valid. Also, the BayerDVM Web Site Administrator acknowledges that the implementation of the requestor's access privileges has been successfully completed and that appropriate security restrictions are in place to limit access based on the above specified requirements.</p>		
<i>BayerDVM Administrator (PRINTED NAME):</i>	<i>BayerDVM Administrator (SIGNATURE):</i>	<i>DATE (COMPLETED):</i>