Open/Close Rider

Dealer ID	Account Number	Subscriber Name

Instructions:

Please provide all timesin military (24 hour) convention or with AM / PM carefully noted. Complete all areas that apply in the sections below.

Reporting	Supervision Options	Supervision of Account
Select Report Frequency: ☐ Monthly ☐ Weekly ☐ Daily Report Method: ☐ Electronic Mail ☐ Postal Mail	Acceptable variance from scheduled time: Openings: _____ Minutes early _____ Minutes late Closings: _____ Minutes early _____ Minutes late	Advise premise and notification list of the following conditions: (Check all that apply) ☐ Early Opening ☐ Early Closing ☐ Missed Opening ☐ Missed Closing ☐ Any activity outside the schedule ☐ Contact always open/close

E-Mail address for reports: _____

Supervised Weekly Schedule

Day of the Week	Open Time	Close Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Users List

Please provide user numbers and names only. Do NOT include any passwords as passwords will NOT be accepted on this form.

User No	User Name	User No	User Name

Dealer Authorized Signature of Acceptance	Dealer Name (please print)	Date