



Secure File Transfer Login and Password Request Form

Please fax the completed form to (412-992-3022)

Please Note: You must have Internet access to request a Secure File Transfer login and password. Generic usernames are not permitted. Each individual accessing Secure File Transfer must have his or her own login and password. Users cannot share a login and password.

Retain Form for Your Records: For security purposes, each user will be required to recite his or her **security keyword** to a Systems Client Consultant for any ongoing user account administration.

- Check if you have an existing username for EDGEnet
- Check to disable an existing username (EDGEnet or Secure File Transfer)

Indicate existing username: _____

Requestor and Organization Information

(Asterisk* indicates required field)

Contact/Requestor Name* : _____
First Middle Initial Last

Contact/Requestor Title: _____

Security Keyword* : _____
(Examples: Mother's Maiden Name; Name of Favorite Pet)

Firm Name* : _____

Dealer/Group Number(s): _____

Mailing Address* : _____

City* : _____ State* : _____ Zip* : _____

Contact Email Address* : _____

Telephone Number* : _____ Fax Number: _____

Requestor Signature* : _____