



TDS Operating, Inc.
788 Montgomery Ave, Ocoee, FL 34761
800-289-7930 (Toll Free)
www.Rx30.com

Password Reset Request

I, _____ give Rx30 (Transaction Data Systems, Inc.) permission to reset the password to my pharmacy system.

Please list the exact login initials to be reset (these initials must already exist in the login table):

1. _

2. _

Comments:

By signing this form I certify that I am authorized to sign on behalf of the business entity identified herein. I also acknowledge and agree to authorize Rx30 to grant the individual(s) listed above access to my system files.

Authorized Signature

Date

Printed Name

Pharmacy Name

State of _____

County of _____

A copy of the Authorized Signee's driver's license (both sides) must accompany this Password Reset Request.

The foregoing was acknowledged before me this ____ day of _____, 20____, by

as owner or agent for _____ and is personally known to me ____ or produced

identification (type of identification produced _____).



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Signature of Notary

Please affix notary stamp in the space above