



AMCO Payors Only Section  
Password Request Form and Agreement

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name & title of person requesting password:

\_\_\_\_\_

"Confidential Information" means Payor's user name and password for the "Payors Only" section of AMCO's web site and any and all information contained therein that is not available to the general public, including, but not limited to, provider's tax identification numbers and provider's effective dates or termination dates for the AMCO network. Payor agrees to hold such Confidential Information for no purpose other than to conduct business with AMCO. Payor agrees that its employees, representatives, and agents do not disclose such Confidential Information, except as expressly permitted hereunder. Payor agrees that, in the event of any breach or threatened breach of confidentiality by Payor, AMCO shall be entitled to equitable relief, including, without limitation, injunctive relief and specific performance, in addition to all of the remedies available at law or in equity, and that AMCO will not be required to post or prove actual damages, which may in any event be difficult to specify or establish.

This agreement constitutes the legal, valid, and binding obligation of the above Company and i enforceable against the Company in accordance with its terms. The undersigned declares that he or she is authorized to execute this agreement on behalf of the Company named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX TO: (501) 225-7954. YOUR CONFIDENTIAL PASSWORD WILL BE E-MAILED TO THE ADDRESS PROVIDED ABOVE**