

REQUEST FOR PINNING STATIC IP ADDRESS

CSR Name: _____

E-Mail: _____

Pinning Client Static IP address

Login ID: _____ Standard Multi

Associate: 94

Client Number: _____

IP Address(s): _____ , _____ ,

_____ , _____

Name of Requestor _____

Title _____

(must be an authorized payroll contact)

Signature _____

(required)

Email to ipmanager@liadvantage.com OR fax to 516-931-8500