



Facility Card Signature Form

I hereby acknowledge and agree that it is my responsibility to ensure the security and confidentiality of the Infocrossing facility and the information contained therein. Additionally, I acknowledge and agree that the condition, use, and whereabouts of the facility access card issued to me is solely my responsibility.

*** If my card is lost or stolen, I will report it to securityteam@infocrossing.com IMMEDIATELY. ***

Signature: _____

Printed Name: _____

Date: _____