

Act! Password Reset Form

Act! User ID / Password Reset Service

The purpose of this document is to provide options to Act! users who are unable to access their database because the username and/or password are unknown. If you have not already attempted the self-service options available on [KB Article 14150](#), please do so. If you are still unsuccessful in accessing your database because of an unknown username and/or password, please follow the User ID/Password Reset Service instructions below.

User ID / Password Reset Service:

In the unfortunate event that you lose or forget your user IDs or passwords and you cannot open your Act! Database, our Act! Database User ID / Password Reset Service will be able to reset your passwords. The Password Reset Service requires a signed Letter of Consent from a legally authorized user in order to reset the password.

Please complete and sign the form (page 2 of this document). Scan the completed and signed form and email to service@keystroke.ca with subject line PASSWORD RESET. After receiving the form, Keystroke Customer Service will contact you, within no more than four business hours, to setup an appointment to reset your password. Note that every effort is made to schedule an appointment on the same day but this is dependent on availability. A request that falls into the latter part of the day may require a scheduled appointment for the following working day.

Notes:

- The second page of this form must be completed in its entirety before the reset process can begin.
- Scheduling an appointment is limited to password retrieval only.
- Legacy systems are entitled to password retrieval only.
- No further support for the Act! product or obsolete versions is available through this appointment.
- User ID/Password Reset is a chargeable service. This will incur a fee of \$75 USD per database and is charged to a debit or credit card only.
- The Password Reset service requires Keystroke to remotely access the host computer of the database.
- In the event that we are unable to connect to the host computer for any reason, you will need to send a copy of your database to our Act! Database Services.

Upload a copy of your database to our secure file hosting site at www.keystroke.ca/upload, and e-mail us at service@keystroke.ca advising when this process is complete.

Complete **all** information on this application form, **including the letter of consent**, scan and email to service@keystroke.ca with subject line PASSWORD RESET.

After sending the required information

After we have received the signed form, Keystroke Customer Service will contact you to set up an appointment to reset your password. Our Customer Service department will also notify you of any issues with the form and process any payment (if required).

An appointment email will be sent to you once the appointment has been scheduled. If you need to reschedule your call time, please respond to the appointment email directly. In the event that you have sent your completed form to Keystroke and have not received a timely phone call, allow for at least 4 business hours, from our Customer Service department, please call (800) 857-0558 or email service@keystroke.ca

Note: This service is only available during regular Customer Support Center hours:

Monday-Friday, 9:00 AM – 8:00 PM Eastern, except major and company observed holidays.

Note: User ID/Password Recovery is a chargeable service and will incur a fee of \$75 USD. Payment must be received prior to the completion of the Password Reset service. Any credit card information will be collected prior to scheduled appointment by a Keystroke Representative.

Application for User ID/Password Reset Service

Customer ID #: _____ Company Name: _____
Contact Person: _____ Telephone: _____
Version of Act!: _____ Database Name: _____

When is the best time to call the contact person listed below to schedule the password reset appointment?

_____ **Time Zone:** Pacific ☐ Mountain ☐ Central ☐ Eastern ☐

If available, what is your appointment day and time preference? _____

A Letter of Consent from an Officer of Your Company

For security reasons we require an authorized person to complete the following letter of consent form. This form will need to be completed in its entirety before we are able to recover your User IDs and Passwords.

To Whom It May Concern: I, _____, give my consent for Keystroke Quality Computing Inc. (KQC) and its employees to recover/reset my User IDs and Passwords for my Act! Database. The person(s) at my company that are authorized by me to call KQC and receive this information is/are: _____

They can be reached at the following number _____

I also understand and agree to a charge of \$75.00 USD plus sales tax if applicable for User ID/Password Service.

Signature: _____ **Title:** _____ **Date:** _____