



SUPERIOR COURT OF NEW JERSEY
Electronic Access Program
Customer Update Form

SUBSCRIBER INFORMATION

****SUPPLY INFORMATION THAT NEEDS TO BE UPDATED****

COMPANY NAME		COLLATERAL ACCOUNT (REQUIRED)
STREET ADDRESS		SUITE/FLOOR
CITY, STATE, ZIP		
CONTACT NAME		TITLE
E-MAIL ADDRESS (REQUIRED)		
TELEPHONE #	FAX #	

ACTIVATE ADDITIONAL USERS

Requesting additional IDs: _____

DEACTIVATED USER ID'S

****LIST ANY USER ID'S THAT HAVE BEEN DEACTIVATED IN THE LAST 12 MONTHS****

USER ID	USER ID	USER ID
USER ID	USER ID	USER ID

SECURITY QUESTION OR PIN

****IF YOU REQUIRE YOUR CURRENT SECURITY INFORMATION CHANGED, PLEASE FILL OUT ALL THE CURRENT INFORMATION AND NEW INFORMATION. ****

OLD SECURITY QUESTION
OLD ANSWER
OLD SIX DIGIT PIN ____ - ____ - ____ - ____ - ____ - ____
*NEW SECURITY QUESTION
*NEW ANSWER
*NEW SIX DIGIT PIN ____ - ____ - ____ - ____ - ____ - ____

ACKNOWLEDGEMENT

I acknowledge that all information supplied in the above form is correct. I understand that if any information changes in the future, to contact the Superior Court Clerk's Office with the necessary information.

Subscriber Signature

Date