# Account Request Form

**Institution Information**

1. Name of Institution (Agency or Business):

2. Address:

3. Phone Number:

4. Fax Number:

5. E-Mail Address:

6. Special Notes:

**Contact Information**

1. Name of Contact Representative for above:

2. Title:

3. Phone Number:

4. Fax Number:

5. E-Mail Address:

6. Special Notes:

**Billing Information**

- I certify that any charges incurred will be paid via check or purchase order and understand that STAN is NOT able to accept credit card payments.

1. Name and Address of Business or Company:

2. Fiscal Officer (Billing Representative to attention):

3. Phone Number:

4. Fax Number:

5. E-Mail Address:

6. Special Notes:

**Videoconferencing Site Information**

1. Primary Site Name:

2. Contact Person:

3. Phone Number:

4. Alternate Site Name:

5. Contact Person:

6. Phone Number:

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**For Use by State of Hawaii Telehealth Access Network Operators Only**

- Date Received:
- Date Approved:
- Received By:
- Approved By:
- Special Notes:

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**ACCOUNT NUMBER**

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For more information, call (808) 956-6668