

Emergency Msg Text Opt-In

Last Name: First Name: Email: Company. e-Sign CN#: Step 1 Enter all appropriate information below Step 2 Enter Mobile Number with Country Prefix; USA = 1 Step 4 Enter City, State, & Zip Code Step 5 Enter County and Street Number and Street Name						<u>MERLENN® Operator System Use</u> <u>Only:</u> Enter all information into MERLENN® Recipients.	
Without e-Sign Control Number Messaging is <u>Not Approved.</u> Contact HR or Recipient.							
Mobile Number City State Zip		Zip	County	County Street Address			
Last Name:							
Mobile Number	City	State	Zip	County	S	treet Address	

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