

Data Subject Access Request Form

In order to complete your request, please provide the following details to allow our teams to locate your information

Name (First/Last):	
Email Address(es):	
Phone Number(s):	

If applicable, which Salelytics segment do you do business with (Healthcare, Financial, or other)?	Select
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Which services do you use and/or signed up to receive?

Do you receive a direct correspondence from us? <i>If so, select all that apply from below:</i>	Yes	No
Email (provide specific email address):	<input type="checkbox"/>	
Phone Call (provide number):	<input type="checkbox"/>	
Text (provide cell phone number):	<input type="checkbox"/>	

Please explain your specific request regarding your personal information or account.