



# E-commerce Application



Customer Number \_\_\_\_\_

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person requesting Web Service: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Requested User ID:** \_\_\_\_\_

**Password (must be 8 characters, including 1 number):** \_\_\_\_\_

Are you authorized to purchase products?  Yes  No If no, please provide name of

authorized contact person: \_\_\_\_\_

**Will additional personnel be ordering products electronically? If so please provide the following information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Requested User ID:** \_\_\_\_\_

**Password:** \_\_\_\_\_ ( must be 8 characters, including 1 number)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Requested User ID:** \_\_\_\_\_

**Password:** \_\_\_\_\_ ( must be 8 characters, including 1 number)

Does your company require Purchase Orders?  YES  NO

How did you hear about the availability of our Web Service? \_\_\_\_\_