



eConnect
 COMPANY LOG-ON
 INFORMATION SHEET

Return completed form to CP via FAX: 800-228-9096 or email: cp.customersupport@cp.com

Customer Account Number:

Account Name:

Name/Position of Person Completing this Form:

Will you be the primary eConnect Contact?: Yes No

**If "Yes", please be sure to complete a "User Log-On Information Sheet" for yourself.*

If not, who will be? (Name/Position):

Please be sure to complete a "User Log-On Information Sheet" for this person.

1. Would you like an e-mailed **Order Confirmation?** Yes No []
 (This verifies order has been accepted into our system)

1a. If so, what e-mail address would you like the Order Confirmation to go to:

E-Mail Address:

2. Would you like an e-mailed **Order Acknowledgement ?**:
 (This verifies order has started to process in our system and provides you with a CP order #)

Acknowledgement Always Sent

Acknowledgement Only When Deviation

Acknowledgement Never Sent

2a. What e-mail address(es) would you like the Order Acknowledgement to go to:

Primary:

Additional:

* Please complete "Individual User Log-On Information Sheets" for each employee that you wish to have access to eConnect.



eConnect
USER SET-UP FORM

Return completed form to CP via FAX: 800-228-9096 or email: cp.customersupport@cp.com

Account Name:

Acct. No.:

Please complete the following information sheet for each employee that you wish to grant access to eConnect.

Please note: * = Required Field

*First Name:

*Last Name:

*E-Mail Address:

*Phone (direct):

Phone (switchboard):

Phone (mobile):

*Fax:

*Country:

*Is Primary Language US-English?: Yes No

*If no, please specify Language Preferred:

*Which tasks is this person authorized to perform?:

Article Inquiry (Checking Price and/or Availability)

Order Tracking / Back-Order Tracking

Order Entry (Authorized Management Signature Required Below)

Invoice & Statement Reprint (Authorization Required also)

I, _____, authorize the above named person to perform Order Entry functions on eConnect on behalf of our company. I understand that my company is fully responsible for any and all purchases made by this person until CP Group has been notified in writing (send to: cp.customersupport@cp.com) to terminate these privileges and a copy of this authorization has been received from CP Group acknowledging that such action has been executed.

Authorizing Management Signature/Title

8 UH

(Required Order Entry Authorization Only)

CP Group Administrative Use Only

Login Name Assign

Date Processed: