



D-FORCE ONLINE USER ACCOUNT SET-UP REQUEST

*** PLEASE PRINT INFORMATION LEGIBLY ***

Fax completed form to 315-866-0393

User Name Requested (Six characters minimum): _____

User Name Requested (Second choice (Required))(Six characters minimum): _____

Password Requested (Six characters minimum): _____

Hummel's Account Manager: _____

Account # : H _____ Company Name : _____

Contact Name (First & Last (Required)) : _____

Users E-mail Address : _____

Address : _____

City : _____

State & Zip : _____

Phone # : (____) _____ Ext _____

Which department will this person order for:

All or List Specific Dept(s) _____

Purchase Order Required ? YES NO

Do orders placed by this user require approval? YES NO

If yes what is the approvers name? _____

(Approvers must have a username setup prior to the addition of this user)

If yes, how should the approval be based?

All Orders Orders of \$ _____ or more

Special Notes:

**** A COPY OF THIS FORM IS REQUIRED FOR EACH USER NAME REQUESTED ****