

Return the completed form to CP via email at: webshop-na@cp.com

Account Name:

Acct. No.:

Please complete an individual user access form for each employee that you wish to grant access to the CP Webshop.

Please note: * = Required Field

***First Name:**

***Last Name:**

***E-Mail Address:**

***Phone (direct):**

Phone (switchboard):

Phone (mobile):

***Fax:**

***Country:**

***Is Primary Language US-English?:**.....Me• AAAAAAAAAAAAA [

***If no, please specify Language Preferred:**

***Will this user need access for Order Entry (if Yes, tick box below)**

Order Entry (Authorized Management Signature Required Below)

NOTE: Default access to the CP Webshop site includes Part Number Inquiry, Order Tracking, Back-order Tracking and Invoice visibility.

*I/We authorize the above named person to perform Order Entry functions on **CP Webshop** on behalf of our company. I/We understand that my company is fully responsible for any and all purchases made by this person until **CP Tools** has been notified in writing (send to: webshop-na@cp.com) Subject line: TERMINATE to terminate these privileges and I/We has been received from CP Tools acknowledging that such action has been executed.*

Authorizing Management Signature/Title **8 UNY**

**** (Customer Authorization Required for Order Entry Access) ****