

## REGISTRATION FORM Complete and email to: security@secsupply.com

CUSTOMER NAME:

CUSTOMER NUMBER:

ADDRESS:

CITY:

STATE:

ZIP:

A SECURITY SUPPLY CREDIT ACCOUNT IS REQUIRED. COMPLETE A CREDIT APPLICATION AND SUBMIT AS DIRECTED.

### Account Information \* REQUIRED INFORMATION -

FIRST NAME\*

LAST NAME\*

PHONE\*

EMAIL\*

REQUESTED LOGIN ID\*:

REQUESTED PASSWORD\*:

(LOGIN MUST HAVE AT LEAST 6 CHARACTERS)

(PASSWORD MUST HAVE AT LEAST 6 CHARACTERS)

### Additional Users

#### 1.

FIRST NAME

LAST NAME

PHONE

EMAIL

REQUESTED LOGIN ID:

REQUESTED PASSWORD:

(LOGIN MUST HAVE AT LEAST 6 CHARACTERS)

(PASSWORD MUST HAVE AT LEAST 6 CHARACTERS)

A/P ACCESS (CHECK ONE) YES NO

#### 2.

FIRST NAME

LAST NAME

PHONE

EMAIL

REQUESTED LOGIN ID:

REQUESTED PASSWORD:

(LOGIN MUST HAVE AT LEAST 6 CHARACTERS)

(PASSWORD MUST HAVE AT LEAST 6 CHARACTERS)

A/P ACCESS (CHECK ONE) YES NO

#### 3.

FIRST NAME

LAST NAME

PHONE

EMAIL

REQUESTED LOGIN ID:

REQUESTED PASSWORD:

(LOGIN MUST HAVE AT LEAST 6 CHARACTERS)

(PASSWORD MUST HAVE AT LEAST 6 CHARACTERS)

A/P ACCESS (CHECK ONE) YES NO

### INTERNAL USE ONLY

BRANCH MANAGERS: Upon completion return to VP Sales & Marketing in Selkirk.

SALESMAN:

MANAGER:

USER IDs TO NOTIFY UPON NEW ORDER ENTRY:

SALES MANAGER APPROVAL:

PRICING ACCURACY ACCEPTABLE

ACCOUNT STATUS ACCEPTABLE

DATE SET UP:

IT SIGNATURE: