



eConnect

USER SET-UP FORM

Return completed form to CP via FAX: 800-228-9096 or email: cp.eConnectsupport@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 Tools** has been notified in writing (send to: cp.eConnectsupport@cp.com) to terminate these privileges and a 30 day written notice has been received from CP Tools acknowledging that such action has been executed.

Authorizing Management Signature/Title **8 UN**

**** (Required Order Entry Authorization Only) ****

..... *****For CP Tools' Administrative Use Only*****

Login Name Assign^âK

Date Processed: