

ONLINE ORDERING SET-UP FORM

Please email completed form to onlineorders@kssenterprises.com

ACCOUNT NAME:				
ACCOUNT NUMBER(S):				
If contact is ordering for multiple accounts, pleas	se list all account numbers			
ADDRESS:				
CITY:	STATE:	ZIP:		
	E	MAIL:		
This is the name of the person who will be doing				
CONTACT'S DEFAULT SHIPPING ADDRES	SS:			
Address the contact person orders for most frequencies				
USERNAME:	PASSWORD:			
Requested username and password must be 4-10 lowercase letter. Passwords are case-sensitive.			nd at least one upp	ercase and one
WHAT TYPE OF USER: Standard	Approver N	Aulti-user		
IF USER IS STANDARD, DO THEY REQUIR	RE APPROVAL? Yes	No		
CATALOG OPTIONS:				
1) Show entire catalog?		Yes	No	
2) If yes, show pricing in catalog?		Yes	No	
3) If yes to question one, allow orde	ering from general catalog	g? Yes	No	
Sales Rep Name:	Sales Rep Number	:	Date:	
For Internal Use Only:				
Date Request Received:	Date Customer N	lotified:		
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