

COMPUTER ACCESS AUTHORIZATION REQUEST for:

PDMWeb

Please allow **5-10** days for processing.

**Required*

<i>*Company name (print)</i>	<i>*Individual user name:</i>
<i>*Supplier number:</i>	
<i>*Street address :</i> <i>*City, State, Zip :</i> <i>*Country :</i>	
<i>*Phone number (include area code):</i>	
<i>Fax number (include area code):</i>	
<i>*Corporate e-mail address:</i>	

**Authorizations Requested:*

<input type="checkbox"/> PDMWeb for the Internet (Viewing Part and Drawing Information Online)
<p>By submission of this form, I represent that I have read and agree with the terms of the Diebold System Access Agreement (http://www.diebold.com/legal/dsaa.pdf) and agree to be bound by such Agreement both on behalf of myself and my employer, if applicable. I understand access is at Diebold's sole discretion and may be terminated at anytime, with or without notice.</p>

ACCEPTED AND AGREED TO:

DIEBOLD INCORPORATED

CUSTOMER

**By*

**By*

Printed Name

Printed Name

Title

Title

**Date*

**Date*

Fax form to: Diebold Corporate Purchasing Department @ 330-490-4788

