

COMPUTER ACCESS AUTHORIZATION REQUEST for:**Reports Online**Please allow **5-10** days for processing.**Required*

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

**Authorizations Requested:*
 Reports Online for the Internet (Viewing Reports Online)

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.

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**