

COMPUTER ACCESS AUTHORIZATION REQUEST for:

DECALWebSM

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

**Required*

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

**Authorizations Requested:*

<p>DECALWebSM: <i>(Check authorizations being requested)</i> <input type="checkbox"/> Inquire <input type="checkbox"/> Call Update <input type="checkbox"/> Call Create <input type="checkbox"/> Product ID Update</p> <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>
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ACCEPTED AND AGREED TO:

DIEBOLD INCORPORATED

CUSTOMER

*By

*By

Printed Name

Printed Name

Title

Title

*Date

*Date

Fax form to: Diebold Customer Response Center @ 330-498-2883

