



CFINet
ONLINE ORDERING SYSTEM
CLIENT ACCESS REGISTRATION FORM

Please print this form, complete the following information and fax to Customer Service at 262-255-4276. You will receive an e-mail confirming your new login information.

COMPANY NAME _____

COST CENTER / NUMBER _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PLEASE ADD ME TO YOUR ELECTRONIC NEWSLETTER

I AM AUTHORIZED TO ORDER FOR THIS LOCATION

NAME _____

E-MAIL _____

PHONE _____ **FAX** _____

PLEASE CHECK THE FOLLOWING BOXES THAT APPLY TO YOUR LOCATION

THIS LOCATION REQUIRES A PURCHASE ORDER

APPROVAL WILL BE REQUIRED FOR ORDERS EXCEEDING \$ _____

BY _____

WE WILL USE A CREDIT CARD **MC** **VISA** **AMEX**

AUTHORIZED SIGNATURE _____

PRINT NAME _____

TITLE _____ **DATE** _____