



Online Order System (OLOS) Security & Access Form

Company Name: \_\_\_\_\_

Keihin plants shipping to:  KIM  KCST  KAC  KMM  
(Check all that apply)

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Ext: \_\_\_\_\_

e-mail address: \_\_\_\_\_

- Permissions:  Accounts Payable Info  
 Orders/Receipts Info  
 Create/Upload Packing Lists

**\*\*User Names and Passwords will be assigned by Keihin\*\***

Disclaimer
<p>Keihin North America, Inc. holds the Supplier responsible for the granting of Access Rights to this user. Use of this electronic information is covered under Keihin's General Terms and Conditions, Confidentiality Agreement as well as any other legally binding documents.</p>
Authorizing Name (Printed)
Signature
Date

By signing this form you are acknowledging that you have will have received and read the SQM. If you have questions pertaining to the SQM it is your responsibility to contact Keihin for further clarification. Fax to **765-213-4930**

*For Keihin North America Use Only*

<input type="checkbox"/>	Processed by _____	Date _____
<input type="checkbox"/>	Supplier Notified by _____	Date _____