



CAPS USER PROFILE FORM

INGRAM ACC. NO :
 CUSTOMER :
 ADDRESS :

We require CAPS access for the listed employees with authorisation levels as indicated.

Please note this form must be signed before we can set you up on the CAPS system.

Authorised Signature: _____ Date: _____

| EMPLOYEE | | CAPS BUYER OPTIONS | | | | | | | | | BUYER CODE |
|------------|---------|--------------------|---|---|---|---|---|---|---|---|------------|
| FIRST NAME | SURNAME | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
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Please complete the above with the employees names you wish to have access to CAPS. It is your responsibility to ensure that the security and access for each user is correct.

Indicate the level of access you require by entering "Y" or "N" in the CAPS Buyer Options column above.

The options available are as follows:

OPTIONS

- . Access to pricing and availability of products.
- . Allow order entry.
- . Review orders placed under own ID only (if access to ALL orders is required, i.e. those in a supervisory position, enter N).
- . Change (add to, delete, amend quantity) orders placed under own ID only (if access to ALL orders is required, i.e. those in a Supervisory position, enter N).
- . Only have access to parts listed in the cross reference parts table (if applicable)*.
- . Able to release orders.
- . All orders entered automatically go onto hold (so someone else may check and release).
- . Able to add, change, delete entries to the part reference file (if applicable)*.
- . ***Able to have access to the Internet.***

The part cross reference file is a specialised facility to enable you to cross reference your own part numbers with Ingram Micro part numbers.

BUYER CODE

The Buyer Code column is for our use only. We will assign each employee with their own CAPS Buyer Code.

If you need further information about the options please contact Clare Townsend on (01908) 260160 Extn 3748 or Debbie Eames on Extn 538 for assistance or fax (01908) 265526.

(INGRAM MICRO USE ONLY)

CAPS ID: _____ SECURITY CODE: _____ IS NUMBER: _____