

USER ACCESS FORM

| Please | complete one form for each | user and return to your account manager(s). |
|-------------------------------|---|--|
| Name: | | Email: |
| Phone: | | _ Company: |
| PEI WEBSITE | PORTAL: | |
| Requested Use | rname*: | |
| Requested Pas | sword: | |
| must be at least 6 | | gn you one that is and provide it to you. Username and Password d must be Alpha Numeric and have a special character. e: Private12!) |
| | S LEVEL (PLEASE CHECK C | ONE): |
| □ Admini | strator | |
| • | s the following access: Accounting HR Manager (view multiple ac Order Reports View Reports View Results | ccounts, if applicable) |
| □ Basic U | Jser | |
| • | s the following access: Order Reports View Reports View Results | |
| □ Read-C | only User | |
| • | s the following access: View Reports View Results | |
| | ***An Administrator must a | also sign to approve user access level*** |
| Signature of Use | er | Date |
| | ministrator | |
| Printed Name of Administrator | | Title |