



VENDOR/CUSTOMER AUTHORIZATION FORM
(Confidential Information)

DATE: _____

TO : DMCI SYSTEM ADMINISTRATOR

Please register my name for the following services.

DMCI AP TRACKING

ACCOUNT INFORMATION

Employee Name : _____
(First, Middle, Last)

Company : _____

Department : _____

Position : _____

Email : _____

Login Name : _____
(first and middle name initials + surname)

Password : _____
(at least 6 alpha numeric characters)

I confirm that this account will be exclusively used for official correspondence between DMCI and requesting party.

I confirm that this account will not be used for unauthorized/immoral/illegal and other acts detrimental to DMCI. I acknowledge and agree that I am using the DMCI AP Tracking website at my own risk; that I am solely and completely responsible for all acts in relation to this account including the acts of persons using my computer to access the account; and that DMCI will not be responsible for any error or loss of transmitted information, viruses that may damage my computer system or may cause data leakage.

Requested by:

(Signature over printed name)

Company Authorizing Representative
(Signature over printed name)

FOR DMCI

System Vendor/Customer code equivalent: _____

Approved by:

Accounting

MIS Department Head
