

SES Online Ordering Registration Form

If you are an active SES **customer** (with assigned Customer #) and would like to participate in SES's secure online ordering service, please complete the form below. If you qualify, an SES representative will contact you shortly. Please note: For security reasons, it may take up to 10 business days to receive your registration information. **If you do not hear from us within 10 business days, please call the Marketing Assistant at (800) 325-0221 ext. 265** to inquire about your access status.

Information collected via this form will only be used to confirm your SES account status and process your SES Online Ordering registration request. For further information please read our [privacy statement](#) and [terms of use](#).

Customer Information (*all starred items required)

Referred By _____ *SES Account # _____

*Company Name _____

*Principal First Name _____ *Principal Last Name _____

*Address _____ *City _____ *State _____ *Zip _____

*Phone _____ *Fax _____ *Email _____

*Job Title _____ *Password _____
(Minimum of 8 alphanumeric characters)

Additional Authorized Users:

#	Name	Title	Email	Password
#2)	_____	_____	_____	_____
#3)	_____	_____	_____	_____
#4)	_____	_____	_____	_____
#5)	_____	_____	_____	_____

*Confidentiality Agreement

Your access to the system is with SES's permission and all information is to be treated as "confidential." Your company assumes complete responsibility for decisions made or actions based upon the information obtained using SES Online Ordering. SES agrees to use reasonable efforts to maintain the availability of SES Online Ordering and shall have no liability for the interruption in the operation of SES Online Ordering. SES reserves the right to terminate this SES Online Ordering access and remove all or any portion of the system at any time.

Yes, I have read the Confidentiality Agreement and understand that by initialing below I am acknowledging my acceptance.

_____ please initial * ***Form will not be processed without acknowledgment of ALL required fields.**

I _____ acknowledge that it is my sole responsibility as principal of _____
Full name

_____ to notify SES of any changes of access privileges in regard to my personnel.
Company Name

* Owner Signature _____ *Date _____

* Printed Name _____ *Title _____

Please fax or email back to 877-683-7404 or marketingdept@sasonline.com

Owner Username _____	U2 _____	U3 _____	U4 _____	U5 _____
Branch _____	App Group _____	S# _____	A/R Rep _____	
Approval Date _____	Added to HIP _____	Email Sent _____	Tutorial Sent _____	

SES OFFICE USE ONLY