



FMeConnect Access Form

Please type or print clearly. Use "Tab" key to advance through form.

Fax Completed Form to 248-354-4266.

Date: ___/___/___ Federal-Mogul Account Number: _____

Company Name: _____

Applicant Name (First, Last): _____

Address: _____

City: _____ State: _____ Postal Code/Zip: _____

Phone Number: _____

Fax Number: _____

e-mail Address: _____

Web Access Required (Check One):

Full Access

View Only – Cannot Place Orders or View Invoices

Limited Access – Can Place Orders / Cannot View Invoices

The undersigned, on behalf of the Company identified above, represents that the above information is true and correct, that he/she is authorized to sign this form on behalf of such Company, and that the Company acknowledges and agrees that all purchases by such company are subject to Federal-Mogul Terms of Sale and Pricing Policies, as in effect at the time of such purchases with respect to the products purchased.

By: _____ (Signature Required)

Title: _____

Federal-Mogul Use Only:

User ID Issued: _____ Password Issued: _____