

THIRD-PARTY PROVIDER FORM

PDM ACCESS AUTHORIZATION

Please complete one form per GLN.

VENDOR

Company Name:

Address:

Address:

Phone:

GLN:

THIRD-PARTY PROVIDER

Company Name:

Address:

Address:

Phone:

Website:

Third-Party Providers are able to access and utilize Best Buy's Product Data Management system (PDM) on behalf of Vendor for the specified Global Location Numbers (GLN) upon completion and execution of this Vendor Third-Party Provider Authorization Form (the "Form"). This Form confirms the relationship between the Vendor and the Third-Party Provider and grants the Third-Party Provider permission and authority to accomplish this task. The completed and signed Form must be sent to partnersupport@bestbuy.com. Upon receipt of the completed and signed Form, Best Buy will respond within 3 (three) business days to confirm receipt. Please send any questions to partnersupport@bestbuy.com.

Vendor Responsibilities

Vendor authorizes the Third-Party Provider to perform all available abilities through PDM on their behalf. Vendor acknowledges that they are aware of the access granted to Best Buy systems and data and all responsibilities of the Third-Party Provider on their behalf. Vendor accepts full responsibility for any actions the Third-Party Provider makes in relation to PDM. Vendor agrees that they are responsible for delegating and controlling the authorization and abilities the Third-Party Provider makes within PDM. Vendor acknowledges that Best Buy cannot and will not limit the system and data access and abilities a Third-Party Provider has. If Vendor wishes to revoke the permission and authority granted through this Form they agree to email notice to partnersupport@bestbuy.com.

VENDOR

Signature:

Printed Name:

Title:

Date:

THIRD-PARTY

Signature:

Printed Name:

Title:

Date: