**Application for Access to Best Buy Vendor Portal**

1. ***All suppliers wishing to obtain Internet access to the Best Buy Vendor Portal must complete and submit this application. The vendor portal has 2 components:***
2. ***Appointment Request – submit a new delivery appointment request, subsequent changes and/or cancellations. View the status of requests.***
3. ***Vendor Compliance Program – view compliance reports***
4. ***The application must be completed in full and signed by an authorized signing officer of the Applicant Company. The signing officer must be at a Director level or higher with the vendor organization.The signing officer is responsible to contact QLogitek Support Centre to request access for new users and to contact Best Buy Vendor Services to de-activate a user when they leave the vendor company.***
5. ***As there are now 2 components of the portal, there is a separate registration page for each of Appointment Request and Vendor Compliance. The appropriate authorizing officer name and signature is required for each component as required by the vendor.***
6. ***For Finance access AP Visibility(free online service provided by Best Buy) please email*** ***CASupplierInquiry@Bestbuycanada.ca*** ***to register.***
7. ***Upon completion, please fax/e-mail the form to:***

***QLogitek Support Centre: fax (416-741-4833) or e-mail to*** ***support.centre@Qlogitek.com***

* ***Enter your Best Buy vendor number in the space below. This is mandatory information for the initial vendor registration and also for the registration of additional users to ensure users are registered to the correct vendor name and number. Your vendor number is located in the top right hand corner of your cheque stub.***

|  |  |
| --- | --- |
| **Vendor Number:** |  |
| **Company Name:** |  |

|  |
| --- |
|  **METHOD OF PAYMENT**Please indicate method of payment of the one-time vendor registration feeIf you need access for multiple vendor accounts (e.g. CAD and USD), payment of $150.00 is required for each.Canadian vendors: $150.00 + 13% HST ($19.50)U.S. and Overseas vendors: $150.00 (tax exempt)**\*NOTE: Chargeback fee $25.00 is applicable on chargeback.**Nodfgjdifagjdfijgdslf if applicable ($7.50) one-time vendor registration fee Credit Card |
| **\*NOTE: Chargeback fee $25.00 is applicable on chargeback.** **Credit Card** |

 **Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiry Date MM/YY \_\_\_\_\_/\_\_\_\_\_**

 **Cardholder’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Cardholder’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE**: Payment will be processed as per your payment option of choice of VISA/MC/AMEX - ***AMEX available to Canadian customers ONLY***, effective August 1st 2012.

## **Cheque**

## If paying by cheque, please provide **cheque #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make the cheque out in favor of **Logitek Technology Ltd.**

Cheque must be attached to the application form.

*Mailing address:*

QLogitek

5500 Explorer Drive,

3rd Floor,

Mississauga, ON Canada

L4W 5C7

**REGISTRATION INFORMATION**

Complete this section with the details of employees who require access to the Vendor portal. Each authorized user will receive a unique username and password to be used by that person only. Remember to indicate the portal options each user will require.

* **Appointment Request** – submit a new delivery appointment request and subsequent changes and/or cancellations
* **Vendor Compliance Program** - view compliance reports

The email address stated for each authorized user should include the name of the Applicant company (for example -**employeename@abcvendor.com**). If the Applicant does not have an Internet domain name, you may indicate a different email address. Each user will receive e-mail notification that will provide their username and password.

The User Setup information we receive must also include their choice of security question and the security answer to be included in their user profile for password retrieval if the user forgets their password.

The available security questions are:

1. In what city were you born?
2. What high school did you attend?
3. What is the name of your favourite pet?
4. What is your Father’s middle name?
5. What is your favourite book?
6. What is your favourite colour?
7. What is your favourite food?
8. What is your favourite movie?
9. What is your favourite singer or band?
10. What is your favourite song?
11. What is your favourite sports team?
12. What is your Mother’s maiden name?
13. What is your Mother’s middle name?
14. What street did you grow up on?
15. What was the make of your first car?
16. What is your favourite author?

**APPLICATION INFORMATION: Appointment Request**

The email address of the authorized signing officer should include the name of the Applicant Company (for example – **employeename@abcvendor.com**). If the applicant does not have an Internet domain name, you may use a different email address.

Authorized Signing Officer (Fields in bold are mandatory)

|  |  |
| --- | --- |
| **Application Date** | **Name of Applicant** (set out full legal name of company) |
| Title | First Name | MI | Last Name |
| Applicant’s Address |
| Telephone Number | Fax Number | **E-Mail Address** |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Authorized Signing Officer of Applicant

 Company

Print Name:

 Print Title:

**User Setup Information (Fields in bold are mandatory)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Title | First Name | MI | Last Name | Phone Number | Fax Number |
| User’s Address (if different than above) |
| E-Mail Address | **Security Question and Answer****Q#       | A.**  |
| 2 | Title | First Name | MI | Last Name | Phone Number | Fax Number |
| User’s Address (if different than above) |
| E-Mail Address | **Security Question and Answer****Q#       | A.**  |
| 3 | Title | First Name | MI | Last Name | Phone Number | Fax Number |
| User’s Address (if different than above) |
| E-Mail Address | **Security Question and Answer****Q#       | A.**  |
| 4 | Title | First Name | MI | Last Name | Phone Number | Fax Number |
| User’s Address (if different than above) |
| E-Mail Address | **Security Question and Answer****Q#       | A.**  |

**APPLICATION INFORMATION: Vendor Compliance**

The email address of the authorized signing officer should include the name of the Applicant Company (for example – **employeename@abcvendor.com**). If the applicant does not have an Internet domain name, you may use a different email address.

Authorized Signing Officer (Fields in bold are mandatory)

|  |  |
| --- | --- |
| **Application Date** | **Name of Applicant** (set out full legal name of company) |
| Title | First Name | MI | Last Name |
| Applicant’s Address |
| Telephone Number | Fax Number | **E-Mail Address** |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Authorized Signing Officer of Applicant

 Company

Print Name:

 Print Title:

**User Setup Information (Fields in bold are mandatory)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Title | First Name | MI | Last Name | Phone Number | Fax Number |
| User’s Address (if different than above) |
| E-Mail Address | **Security Question and Answer****Q#       | A.**  |
| 2 | Title | First Name | MI | Last Name | Phone Number | Fax Number |
| User’s Address (if different than above) |
| E-Mail Address | **Security Question and Answer****Q#       | A.**  |
| 3 | Title | First Name | MI | Last Name | Phone Number | Fax Number |
| User’s Address (if different than above) |
| E-Mail Address | **Security Question and Answer****Q#       | A.**  |
| 4 | Title | First Name | MI | Last Name | Phone Number | Fax Number |
| User’s Address (if different than above) |
| E-Mail Address | **Security Question and Answer****Q#       | A.**  |