

TO: Person in Charge of Information Disclosure

### User Enrollment Request Form for Information Disclosure

Please fill in within heavy-line frame in block letters.

There is no need to fill in the blanks for User ID and password. They will be noticed by HTI (Precautions)

\* Please fill in Company Name, Contact Address (TEL, FAX) and e-mail address without omission.

\* The password shall be administered by HTI for security reasons.

Request Date	<b>Date:</b> Month / Day / Year		
Person Responsible	<b>Company Name</b>		
	<b>Job Title</b>		
	<b>Your Name</b>	<b>(Print)</b>	<b>(Signature)</b>
	<b>E-Mail</b>		
	<b>TEL No.</b>	<b>FAX No.</b>	
	<b>Connection</b>	<input type="checkbox"/> LAN <input type="checkbox"/> Modem	
User 1	<b>User ID</b>	<b>Password</b>	
	<b>Your Name</b>		
	<b>E-Mail</b>		
	<b>Division</b>		
	<b>TEL No.</b>		
User 2	<b>User ID</b>	<b>Password</b>	
	<b>Your Name</b>		
	<b>E-Mail</b>		
	<b>Division</b>		
	<b>TEL No.</b>		
Possessions	(HITACHI machines you possess)		
Remarks	(Any questions, comments or requests you may have)		

**OFFICE USE ONLY**

処理済	備考	承認	審査	受付