

## FREEDOM POS Profile Request Form

This form is for POS Access only

Please use the Systems Access Request Form for LAN or E-mail access.

A PriceSmart Warehouse manager, VP or above must sign this form. An incomplete form will NOT be processed.

Requested By: Gabriela Culajay Date: 5/06/2020

Phone: (2) 301-5000

Approved By: Angel Contreras Date: 5/06/2020

Signature: 

Select one per form:

<input checked="" type="checkbox"/>	Add New System User:
<input type="checkbox"/>	Change the access of an Existing User:
<input type="checkbox"/>	Delete The Access of an Existing User:

Profile: \_\_\_\_\_

Profile: \_\_\_\_\_

*This form must be complete before it will be processed. Please PRINT clearly.*

Last Name: Wendy

First Name: Villanueva

Warehouse #: 6301

Emp Position: \_\_\_\_\_

User Role:

Select only one from below:

Receiving Personnel	<input type="checkbox"/>	Inv Audit Personnel (All)	<input type="checkbox"/>
Membership	<input checked="" type="checkbox"/>	Asst Warehouse Mgr	<input type="checkbox"/>
Refund Clerk	<input type="checkbox"/>	Warehouse Mgr	<input type="checkbox"/>
Cashier	<input type="checkbox"/>	Operations View Only	<input type="checkbox"/>
Vault Clerk	<input type="checkbox"/>	EDP	<input type="checkbox"/>
FE Supervisor	<input type="checkbox"/>	Ecom role - DDC Only	<input type="checkbox"/>
Dept Managers	<input type="checkbox"/>	On Leave	<input type="checkbox"/>
Admin Manager	<input type="checkbox"/>	IT Manager	<input type="checkbox"/>
Supv & Manager	<input type="checkbox"/>	Receiving Supervisor	<input type="checkbox"/>
Sales Audit	<input type="checkbox"/>	IT Support (Central)	<input type="checkbox"/>
Internal Audit	<input type="checkbox"/>	Sys Manager	<input type="checkbox"/>
Central Accounting	<input type="checkbox"/>		<input type="checkbox"/>

Required Access:

Back Office  
POS

<input type="checkbox"/>
<input checked="" type="checkbox"/>

Profile Format:

XXXXZZZZ

XXXX = Location

ZZZZ = last 4 digits of Phone or next Profile #

Comments / Notes: APOYO EN CAUNTER TEMPORALMENTE

EDP USE ONLY

a. POS Profile: \_\_\_\_\_

Initials: \_\_\_\_\_

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

FORM: FIT003

Revised: May 18, 2016