

Firm#: _____ Firm Name: _____

User Name: _____ Business Phone: () _____
(First, Middle Initial, Last)

Firm Address: _____
City State

User Email Address: _____

Request type	Add (new access) <input type="checkbox"/>	Change (adding additional system access) <input type="checkbox"/>	Delete (removing access) <input type="checkbox"/>	Resume (forgotten, lost, revoked access) <input type="checkbox"/>
Existing User – ID: _____ (Must be filled in if request type is Change, Delete, or Resume)				

REQUESTED SYSTEM

Please identify below the CME Online system you wish to access: (CME) Chicago Mercantile Exchange (CBT) Chicago Board of Trade, (NMX) New York Mercantile Exchange -- Please select the appropriate exchange with an (X)

System	Access		
	CME	CBT	NMX
CME Portal (Internet Apps)			
FEC (Front End Clearing)			
Deliveries			
Fee Systems			
InfoPac/ Document Direct			
MOS Mutual Offset System		NA	
Large Trader Report			
Telecom WebNP			
BPS (Broker Payment System)			
GPS (Give-up Payment System)			
C21 Asset Mgmt & Bank			
C21 Performance Bonds			
C21 Positions		NA	
C21 Settlement			

Please list all affiliate firms below:

CME AFFILIATES: _____

CBT AFFILIATES: _____

NYMEX AFFILIATES: _____

Special instructions:

Authorizing Signature: _____ Print Name: _____
(Back-Office/Financial Manager/Officer)

Title: _____ Date: _____ Phone: () _____ -- _____

IN ORDER TO PROCESS PASSWORD RESETS OVER THE PHONES YOU WILL NEED TO PROVIDE AN ANSWER TO ONE OF THE QUESTIONS BELOW:

On what street were you born? _____

What is your favorite city? _____

What is your pet's name? _____

What secondary school did you attend? _____