

Associate Enrollment Form

Distributor's Name	Date	
User's Name	User's Location	
Address		
City	State, ZIP	
Job Title/Function	Phone Number	
Account Numbers*	Email Address**	

* List all customer account numbers this associate requires access to.

** Login information will be sent to the email address provided. Valid email account must be active for new associate requests.

Main Contact Approval: _____

Area Manager Approval: _____

Fill out the form

- 1. Position the mouse cursor inside a form field. The I-beam cursor allows you to type text. The arrow cursor allows you to select the checkbox.
- 2. After entering text or selecting a checkbox, choose from the following:
 - Press Tab to accept the field change and go to the next field.
 - Press Shift + Tab to accept the field change and go to the previous field.
 - Press Return or Enter to accept the field change and deselect the current field.
 - Press the Escape key to reject the field change and deselect the current field.
 - If you press the Escape key a second time and you are in Full Screen mode, you will exit Full Screen mode.

Clear the form

Click the Reset Form button or exit Acrobat Reader, and start again.

Submit the form

Once you have filled in the appropriate fields, choose E-mail to QuickPack@Kohler.com button or print the form and fax to 920-459-1646.

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