

LICENSEES STORIS ACCESS REQUEST FORM

The Store Manager must fill out the following information to request access to Storis. The requesting associate must sign the acknowledgment. This information will help us verify your request and grant the appropriate permissions

License Store Name: _____ Request Date: _____

Associate Full Name: _____ Title: _____ Zip Code: _____

Email Address: _____ Phone No: _____

System Needed:

☐ Storis ERP ☐ Storis ERP Learning ☐ Nextgen ☐ Nextgen Learn

User Status:

☐ New User ☐ Existing User (Modification) ☐ Termination of Access: User ID _____

Requested Group Access Level:

☐ Clock ☐ Sales Beginner ☐ Sales ☐ Sales Lead
☐ Sales Logistics ☐ Store Manager ☐ Store Owner

☐ Other access : _____ (see details in Zendesk)

Special Location Request: _____

By submitting this form, I, _____, acknowledge that access to STORIS is granted based on business needs and is subject to company security policies, compliance regulations, and monitoring. Users must safeguard their credentials, maintain data confidentiality, and adhere to all system usage guidelines. Any misuse, unauthorized access, or violation of policies may result in revocation of access and disciplinary action.

Manager Signature : _____ Requestee Signature : _____

Corporate Tech Support Specialist Only:

Date: _____ Authorized Representative Signature: _____

☐ Completed

Print Name of Representative: _____

THE IT TECH DEPARTMENT MUST BE NOTIFIED IMMEDIATELY FOR ANY CHANGES
THAT NEED TO BE MADE TO ASSOCIATES ACCOUNTS.

SVC – 049

March 29, 2025