Mercedes-Benz

TIPS

TIPS User Application Form MBCV

Applicant:

First name	_____	Department (PC / CV)	_____
Last name	_____	Dept. No.	_____
Initials	_____	Job Title	_____
Phone number	_____	Employee no.	_____
Cell phone	_____	SNAP UserID *(if exists)*	_____
Fax	_____	Case Processor	_____
Email	_____		

Retail outlet / workshop

Dealer number _____

Dealer name _____

Dealer Street address _____

City / Postal code _____

I herewith apply for a user account to use the TIPS Reader.

Non-disclosure agreement:

I am employed in technical service operations and authorized to accomplish work on DaimlerChrysler products. With access to the IT-system TIPS, I will receive technical information concerning DC products and vehicle systems. If I should leave this field of operations for any reason, I will announce the change immediately.

I commit myself to handle information and analyses confidentially and to not pass on information to any external parties (including family members or employees, which are not involved with the respective product). In case of any doubt I am required to get authorization before passing on information.

Applicant

_____ _____ _____

Date Signature of applicant

Dealer's approval

_____ _____ _____

Date Name and signature of dealer's Service Manager

Please send the completed and signed form to **fax: 012 677 5731**
or send via email to MBCV DTAC.

You will receive a notification with your user details when the account is approved and activated.

For internal use only

MBSA approval

_____ __ _____

Date Name

Administration:

Activated by: _____ __ _____

Date Name