Please complete this form to receive testing credentials for Community Business Intelligence.

Once you have completed this form, please save it to your computer and send it as an attachment to [cbisupport@reconnect.on.ca](mailto:cbisupport@reconnect.on.ca) with the subject “Vendor Testing Credentials Request Form”

If you have any questions please feel free to contact us by email at [cbisupport@reconnect.on.ca](mailto:cbisupport@reconnect.on.ca)

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| --- | --- | --- | --- | --- |
| **General Information** | | | | |
| Vendor Name: Click here to enter text. | | | Software Name: Click here to enter text. | |
| **Vendor Address** | | | | |
| Street Address 1: Click here to enter text. | | | | |
| Street Address 2: Click here to enter text. | | | | |
| City: Click here to enter text. | Province: Click here to enter text. | | | Postal Code: Click here to enter text. |
| **Staff Contact Information** | | | | |
| Project Contact | | | | |
| Name: Click here to enter text. | | Phone: Click here to enter text. | | Email: Click here to enter text. |
| Technical Contact | | | | |
| Name: Click here to enter text. | | Phone: Click here to enter text. | | Email: Click here to enter text. |