

ELF.online
User Information Form

Please circle one: NEW / CHANGE

(please print clearly in BLOCK LETTERS)

ELF Client ID: _____

Branch Location: _____

First Name: _____

Last Name: _____

Job Description/Position: _____

Email: _____

Telephone: _____

Login/Username: _____

User Access / Roles (please check **all** that apply):

MODULES	WIZARDS	REPORTING
<input type="checkbox"/> Dashboard	<input type="checkbox"/> Invoice Wizard	<input type="checkbox"/> A/R Reporting
<input type="checkbox"/> Customers & Sales	<input type="checkbox"/> Payroll Wizard	
<input type="checkbox"/> Employees & Payroll	<input type="checkbox"/> Stat Holiday Wizard	
<input type="checkbox"/> Inventory & Services	<input type="checkbox"/> ROE Wizard	
<input type="checkbox"/> Banking		
<input type="checkbox"/> Administration		

Approved by (Manager): _____
(please print name)

Signature: _____

Date: _____

Please scan and email completed forms to elf@metca.com
OR fax to us at **1-604-648-8658**