



Ford Parts Department Web Reporting Application

Date _____
 Dealership _____
 Phone Number _____
 Person Requesting _____ Position _____
 Desired Logon User ID _____ Password _____

Please note that User ID and/or Password requested may be altered due to website server requirements. You will be notified of any alterations made to user ID or password.

Ford Parts GL Sale Accounts		Excluded FD Stocking Groups	
1	11	1	11
2	12	2	12
3	13	3	13
4	14	4	14
5	15	5	15
6	16	6	16
7	17	7	17
8	18	8	18
9	19	9	19
10	20	10	20

Ford Parts GL Inventory Account
 1 _____

ARKONA Customer: Please FAX completed form to Attn: OEM Coordinator at (801) 327-2021

OEM Coordinator Use Only
 AS400 Server _____ Enterprise Name on AS400 _____
 Company Code (e.g. XY2) _____ Dial Menu Name _____

Engineering Use Only
 Website URL (note "s" in https) https:// _____
 Created User (case sensitive) _____
 Created Password (case sensitive) _____
 Date Received _____
 Date Completed _____

Notes (for use by Customer, Support, or Engineering):