

GROCERY MANAGEMENT SYSTEM (GMS) IT ACCESS FORM

For Authorized Store Licensees

ALL FIELDS MUST BE TYPED. THIS FORM WILL NOT BE PROCESSED IN HAND-WRITTEN. ONE FORM IS REQUIRED FOR EACH TYPE OF ACCESS REQUESTED

The Grocery Management System (GMS) is the system used to order, track and monitor beer, wine and cider deliveries to store licensees. This system provides for three types of users, if different levels of access are required; please complete one form for each type.

1. **Corporate Level User (Head Office):** This level enables the user to manage all stores and all banners at the corporate level and view and download the product catalogue. The user has multi store access to create and view purchase order transactions, receive order notifications and enter receipt details. If requested, this user can view and download invoices from the GMS portal.
2. **Banner Level User:** This level enables the user to manage all stores under the banner and view and download the product catalogue. This user has multi store access to create and view purchase order transactions, receive order notifications and enter receipt details. If requested, this user can view and download invoices from the GMS portal.
3. **Store Level User:** This level enables the user to manage a single store and view and download the product catalogue. This user has single store access to create and view purchase order transactions, receive order notifications and enter receipt details. If required, this user can view and download invoices from the GMS portal.

Complete the following required information and identify the required user access. Complete **ONE** of the following user level profiles:

CORPORATE LEVEL (Head Office) INFORMATION: Complete this section to request corporate level access. Otherwise leave blank.	
Corporate Name	
Contact Name	Telephone Number

BANNER LEVEL INFORMATION: Complete this section to request banner level access. Otherwise leave blank.	
Corporate Name	
Contact Name	Telephone Number

STORE LEVEL INFORMATION: Complete this section to request store level access. Otherwise leave blank.	
Store Name	LCBO-assigned Store Number
Contact Name	Telephone Number
Store Address	
Office use ONLY Customer number:	

USER DETAILS – ORDERING

EDI INFORMATION: Complete this section to request EDI transmission of orders. Otherwise leave blank.	
Store Name	LCBO-assigned Store Number
Contact Name	Telephone Number
Store Address	
EDI Store Ship to No.	

Populate the table below with the users who require access to create and receive orders in GMS. Store Licensees may request a maximum of three (3) users per store location. Corporate and Banner level may request access for more than 3 users by submitting multiple forms.

First Name*:	Last Name*:	User ID <i>(required for change to access, name, title or email):</i>
Choose one of the following:		
Email Address*:		
Email Address for notifications: <i>(or check box to use above)</i> * +		
First Name*:	Last Name*:	User ID <i>(required for change to access, name, title or email):</i>
Choose one of the following:		
Email Address*:		
Email Address for notifications: <i>(or check box to use above)</i> * +		
First Name*:	Last Name*:	User ID <i>(required for change to access, name, title or email):</i>
Choose one of the following:		
Email Address*:		
Email Address for notifications: <i>(or check box to use above)</i> * +		

*Required Field

+ Notifications are sent for order confirmation

USER DETAILS - INVOICING

Populate the table below with the users who require access to view and download invoices in GMS. Corporate and Banner level may request access to view and download invoices for more than 3 users by submitting multiple forms.

First Name*:	Last Name*:	User ID <i>(required for change to access, name, title or email):</i>
Choose one of the following:		
Email Address*:		
Email Address for notifications: <i>(or check box to use above)</i> * +		
First Name*:	Last Name*:	User ID <i>(required for change to access, name, title or email):</i>
Choose one of the following:		
Email Address*:		
Email Address for notifications: <i>(or check box to use above)</i> * +		
First Name*:	Last Name*:	User ID <i>(required for change to access, name, title or email):</i>
Choose one of the following:		
Email Address*:		
Email Address for notifications: <i>(or check box to use above)</i> * +		

* Notifications are provided when new invoices are available for download in the GMS system.

USER DETAILS – LCBO B2B CLAIMS APPLICATION

Claims for shortages, damages and returns are submitted in an online application to the LCBO. Please populate the below to confirm which users require access at your store to submit claims.

Email Address*:
Email Address:

*Required Field

Authorized By: _____

Title: _____

Signature: _____

Date: _____

mm/dd/yyyy

It is the Store Licensee's responsibility to ensure user information is kept current.

Return completed form to lcbogroceryoperations@lcbo.com