



A HYDRIFARM COMPANY

E-STORE ACTIVATION FORM

* Required to expedite account processing

CUSTOMER/HEAD OFFICE INFORMATION						Please complete in full. Please print clearly in ink.	
* GREENSTAR ACCOUNT/CUSTOMER NUMBER							
* CUSTOMER NAME (Business and Legal Names)							
* BILLING ADDRESS							
	CITY		PROVINCE		POSTAL CODE		

MAIN CONTACT/STORE LOCATION INFORMATION FOR E-STORE ACCESS						
* FIRST NAME						
* LAST NAME						
* SHIPPING ADDRESS						
	CITY		PROVINCE		POSTAL CODE	
* EMAIL				* DEFAULT LANGUAGE	ENGLISH	FRENCH
* MARKET	PET	<input type="checkbox"/>	LAWN & GARDEN	<input type="checkbox"/>	SPECIALTY GARDENING	<input type="checkbox"/>

Please fax back to: 604-607-4446