



E-STORE ACTIVATION FORM

** Required to expedite account processing*

CUSTOMER/HEAD OFFICE INFORMATION						Please complete in full. Please print clearly in ink.
* EDDI'S WHOLESALE ACCOUNT/CUSTOMER NUMBER						
* CUSTOMER NAME <small>(Business and Legal Names)</small>						
* 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 or EMAIL: margiea@eddiswholesale.com