

Web Ordering

Customer Activation Request

Bill to

Date

Customer Name

Customer#

Address_1

Address_2

City

Prov

PostCode

E-Mail Address for Order Confirmation

Contact Name

Tel#

USER NAME and PASSWORD
CANNOT EXCEED 10 CHARACTERS, no spaces

USER NAME

PASSWORD

Ship to

Same as Bill to?

Yes

No If No, please complete Ship to Details below

(If more than 3 - Please complete details as listed, on a separate sheet and submit with this form)

Ship to Name

Ship To #

Address_1

Suite#

Address_2

Attention

City

Prov

PostCode

Ship to Name

Ship To #

Address_1

Suite#

Address_2

Attention

City

Prov

PostCode

Ship to Name

Ship To #

Address_1

Suite#

Address_2

Attention

City

Prov

PostCode