

Online Customer Information Form

Please fill out all items (bolded items MUST be completed.)

Customer Number: _____

Company Name: _____

Contact Name for Online Account: _____

Mailing Address: _____

City: _____

State/Zip: _____

Fax Number: _____

E-mail Address: _____

Phone Number: _____

User Name (No Spaces): _____

Password Requirements:

- *Must have letters and numbers*
- *It must include at least 3 letters*
- *It must include at least 1 number*
- *Minimum 6 characters*
- *No spaces*
- *Must be different than your user name*

Password: _____

**More than one user account can be set up for your business.
If you would like to have more than one user for your account,
please submit an additional form for each user.**

**Please fax this form for confirmation to 800-435-3574.
Confirmation of access will be sent via email to the address provided.**

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