

# ONLINE ORDERING REGISTRATION FORM



COMPANY NAME: \_\_\_\_\_ COMPANY CODE: \_\_\_\_\_

## WEB USERS

1. FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADMINISTRATOR: Y / N (PLEASE CIRCLE) Administrators have authority to restrict product orders for other users to approved products for purchase only. Otherwise, users have access to complete product range.

2. FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

FLEXX CONTACT CODE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADMINISTRATOR: Y / N (PLEASE CIRCLE) \*PLEASE FILL OUT ADDITIONAL FORM IF MORE THAN 2 CONTACTS

## DEFAULT/MAIN SHIP TO ADDRESS

LOCATION NAME: \_\_\_\_\_ (For Flexx reference)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ \*USED FOR SHIPPING CONFIRMATION IF DIFFERENT FROM WEB USER

## DEFAULT BILLING ADDRESS

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

## ADDITIONAL REGISTERED SHIP TO ADDRESSES

LOCATION NAME: \_\_\_\_\_ (For Flexx reference)

ADDRESS LINE 1: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

\*PLEASE FILL OUT ADDITIONAL FORM IF MORE THAN 2 REGISTERED SHIPPING ADDRESSES

## PLEASE CONFIRM FREIGHT:

FREIGHT: PP/CH  Collect  Pick-Up  Same Day  Overnight  Regular

CARRIER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TREEN TERRITORY MANAGER: \_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED IN ORDER TO COMPLETE WEB REGISTRATION  
ONCE COMPLETED SUBMIT TO US AT [MARKETING@TREENSAFETY.COM](mailto:MARKETING@TREENSAFETY.COM)**



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