

Greenland Artificial Grass Wholesaler registration form

Company/Business name:	
ABN:	
Full name:	
Contact number:	
Email:	
Date:	
<input type="checkbox"/>	I acknowledge that all artificial grass must be install in standard installation method with proper basing and infill as necessary.
<input type="checkbox"/>	I acknowledge that artificial grass must not install next to solar light reflective object except of approved product.
<input type="checkbox"/>	I acknowledge that all product warranty claim must submitted through business account. (not from the client)
Y	N
I consent Greenland Artificial Grass send me any company updates or promotions via email.	
Signature	

***Please contact our office team for any change or update of your account information. Warranty may void for incorrect installation. Greenland Artificial Grass reserves the right to modify/cancel your registered account if above information is incorrect.**