



P.O. Box 3029  
106 Steamboat Drive  
Warminster, PA 18974  
Phone: 215-672-8666  
Fax: 215-672-8244

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**Wholesale Plumbing & Heating Supplies**

**Online Account Access Approval Form**

Attn: Owner or Corporate Officer

(Please Sign and Return via fax: 215-672-8244 / Attn: Matt Grodsky)

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The Grove Supply Location I use most often is: \_\_\_\_\_

My Grove Supply Sales Rep is: \_\_\_\_\_

Check one of the following:

- \_\_\_\_\_ Please send me e-mails regarding Grove Supply products and events.  
\_\_\_\_\_ Please DO NOT send me any e-mails except for my invoices and/or statements  
(if specified above).  
\_\_\_\_\_

I approve online access to our accounts for *the employee named above*. I understand that the security of my account is my responsibility and will inform Grove Supply, Inc. if and when employee leaves our organization or is no longer authorized for online account access.

I certify that *the e-mail address above* is the correct and appropriate address to send the Online Account link, username and password.

Print Name of Principle: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Signature of Principle: \_\_\_\_\_ Date: \_\_\_\_\_