

TRADE CARD APPLICATION

This form must be completed in full and include proof to indicate that you are entitled to trade status. (A business card or printed company paper for example).

PLEASE COMPLETE IN BLOCK CAPITALS

Business Name

Proprietor's Name

Address

.....

..... Postcode

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Telephone Mobile

Fax Email

What is the nature of your business? (Please tick **ONE** of the following)

- | | | |
|--|--|--|
| <input type="checkbox"/> Allotment/Horticultural Society | <input type="checkbox"/> Garden Maintenance | <input type="checkbox"/> Leisure Industry |
| <input type="checkbox"/> Builder/Property Developer | <input type="checkbox"/> Groundsman | <input type="checkbox"/> Local Authority |
| <input type="checkbox"/> Educational Establishment | <input type="checkbox"/> Horticultural Student | <input type="checkbox"/> Nursery/Grower |
| <input type="checkbox"/> Farmer/Landowner | <input type="checkbox"/> Landscaper - Domestic | <input type="checkbox"/> Other, please state |
| <input type="checkbox"/> Garden Centre/Retail Outlet | <input type="checkbox"/> Landscaper - Commercial | |
| <input type="checkbox"/> Garden Designer | <input type="checkbox"/> Landscape Architect | |

How were you informed of our presence in the market?

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Recommendation | <input type="checkbox"/> Other, please state |
| <input type="checkbox"/> Trade Press | by | |
| <input type="checkbox"/> Internet | | |

Signature Date

FOR OFFICE USE ONLY	Customer Number	A B
Date of processing	Customer Discount	