



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

Main Contact

Address

.....

..... Postcode

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Telephone Mobile

Email

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

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

How were you informed of our presence in the market?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> College | <input type="checkbox"/> Social Media | <input type="checkbox"/> Trade Show |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Trade Body | <input type="checkbox"/> Recommendation |
| <input type="checkbox"/> Provender Website | <input type="checkbox"/> Trade Press | |

What trade bodies are you a member of?

- | | | | |
|--|-------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> APL | <input type="checkbox"/> BALI | <input type="checkbox"/> IOG | <input type="checkbox"/> LI |
| <input type="checkbox"/> Arb Association | <input type="checkbox"/> GMC | <input type="checkbox"/> IOH | <input type="checkbox"/> SGD |

Signature Date

FOR OFFICE USE ONLY	Customer Number	<table border="1" style="display: inline-table;"><tr><td>A</td><td>B</td></tr></table>	A	B
A	B			
Date of processing	Customer Discount			