

# CUSTOMER INFORMATION FORM

\* Information which must be completed

|  |  |
|--|--|
| * Name :   |  |
| * Company / Trade name :<br>Delete as appropriate                          |  |
| Company Registration<br>number :   |  |
| * Address :<br><br>Town<br>County<br>Post code                             |  |
| Invoicing address :<br>If different  |  |
| * Telephone number :<br>Mobile number :<br>Fax number :<br>Email address : |  |
| Notes :  |  |

Please circle the description which most appropriately fits your business :

|                    |                    |                          |                        |                  |         |       |
|--------------------|--------------------|--------------------------|------------------------|------------------|---------|-------|
| Local<br>Authority | Garden<br>Designer | Commercial<br>Landscaper | Domestic<br>Landscaper | Garden<br>Centre | Nursery | Other |
|--------------------|--------------------|--------------------------|------------------------|------------------|---------|-------|

|   |  |
|---|--|
| Please tick if you do not want to receive marketing information |  |
|---|--|

|  |        |  |
|--|--------|--|
| Customer Information added to Growmaster | date : |  |
|--|--------|--|