

## APPLICATION FORM

Contact Name:

Business Name:

Address:

County:

Postcode:

Telephone:

Fax:

Mobile:

Email:

Will you require access to the online ordering system?  Yes  No

Trade References:

On completion, please send your form to: The Plant Store  
Flowervision Wholesale Nurseries  
Spout Lane  
Stanwell Moor  
Middlesex  
TW19 6BN

...or fax it to: **0845 1 800 099**

**(Optional) Please also enclose/attach a recent colour photograph of yourself**