



JOHNSONS
OF WHIXLEY
WHOLESALE XPRESS



Trade Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

YOUR BUSINESS DETAILS - please supply proof of your address, driving licence and a sample of your business card or letterhead

NAME: TRADING NAME:

TRADING ADDRESS:

POSTCODE: TEL NO: MOBILE NO:

EMAIL: WEBSITE:

COMPANY REGISTRATION NO: VAT NUMBER:

TRADING STYLE: (please circle or state other) PARTNERSHIP LTD COMPANY SOLE TRADER OTHER:

NUMBER OF EMPLOYEES: NAMED ACCOUNT USER 1:

NAMED ACCOUNT USER 2: NAMED ACCOUNT USER 3:

EXPECTED ANNUAL PLANT SPEND: (please circle or state other) 5000 + 1000 + 500 + OTHER:

DESCRIPTION OF BUSINESS: (please circle or state other) LANDSCAPE GARDENER TREE SURGEON GARDEN DESIGNER

GARDEN MAINTENANCE FACILITIES MANAGMENT PROPERTY DEVELOPER HOTEL ESTATE/LAND OWNER

CHARITABLE ORGANISATION SCHOOLS/UNIVERSITIES COMMERCIAL FARMER OTHER (please specify below)

PLEASE TICK IF YOU DO NOT WISH TO RECEIVE ANY INFORMATION/OFFERS VIA EMAIL

RETURN TO : JOHNSONS OF WHIXLEY LTD, THE NURSERIES ,WHIXLEY, YORK, YO268AQ
w: www.nurserymen.co.uk
t: 01423 332324
xpress@nurserymen.co.uk
Registered in England 616324



Approved Form Ref 67 Issue 5 01-04-2016