

ATTACH BUSINESS  
CARD OR FORM OF  
IDENTIFICATION AS  
TRADE BUYER HERE

**Plant Wholesalers Ltd**  
**Box 84113, Westgate**  
**TRADE BUYER REGISTRATION**

Please complete and mail to above address

Business Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mob: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Business:**

- Landscape Designer     Landscaper     Landscape architect  
 Landscape Contractor     Garden Maintenance     Developer  
 Public Body – *specify* \_\_\_\_\_     Other – *specify* \_\_\_\_\_  
 Retailer     School / Club

**Authorised Buyer Names**

**Mobile No.**

**Email Address**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**I understand and agree to the attached terms and conditions**

**Proprietor/Director**

1. \_\_\_\_\_  
2. \_\_\_\_\_
- Name - please print                      Signature                      Date

**Note: This is not a credit account application**

**PHONE: 09 416 9193**

**FAX: 09 416 9196**

**EMAIL: info@plantwholesalers.co.nz**

New Registration

Customer update

Date entered