

QUESTIONNAIRE

Please fill in the following questionnaire so that we may assess your suitability for Interflora Membership.

1	Do you operate as a sole trader, partnership or a limited liability company?			
2	How long have you been in business?			
3	State normal hours of business	Weekdays		
		Saturday		
		Sunday		
4	Do you or any person in your establishment hold a current Interflora approved nominated florist certificate?	Yes	No	
5	Is the above qualified florist available at all times to fulfill your orders?			
6	Do you have an efficient bookkeeping and invoice system operating?			
7	Is a prompt and efficient delivery service on call/or available during normal trading hours, and are you willing to deliver to your immediate outlying areas?			
8	Are you willing to sit an examination in Interflora procedures within the first 12 months of membership acceptance?			
9	Are you a member of any other flower relay organisation?			
10	If yes, please specify which organisation			

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11	Are you prepared to attend education seminars and workshops in your District and participate in District meetings?		
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Contact Details	Name
Business Name	
Email Address:	
Phone	
Business address	
City	
State / Zip	
Country	