

## Upgrade from Registered to Enhanced

A Petals Staff member first to ensure the quality of the Florist must review all Florists wishing to be upgraded to an enhanced level. This enables us to keep our Directory full of only the best Florists. Please fill in the form below to apply to be listed as an enhanced florist. This process may take up to 72 hours to be completed\* conditions apply

### *Login Details*

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Password\*

Password jogger\*

### *Business Details*

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Florists Shop Name\*

Title

Contact First Name

Family Name

Address Line 1

Address Line 2

Suburb

Town/City\*

Postal code\*

Phone\*

Fax\*

Email

Do you want customers to send email to this address YES  NO

(WARNING: only say yes if you check your email hourly or so to avoid disappointed customers)

Website

*Display Details*

These displays may only appear depending on your display level.

50 character short description\*

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200 character long description\*  
(can include HTML Formatting)

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*Minimum Price Guide*

Depending how you trade with Petals, you may reach the topmost display levels. If so, you will be able to display your minimum prices for the following products. You are welcome to supply these prices if you wish. If you don't, the standard minimums for your country will be automatically displayed

Bouquet\*

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Arrangement\*

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1 Dozen Roses\*

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Sympathy Arrangement\*

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Gourmet Basket\*

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Single Plant\*

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Delivery and Handling\*

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*Other Information*

Are you a member of any of other relay services Interflora/FTD  Teleflora  Flowergram

*Listing Type:*

Select a Listing\*

- 7000 level \$5.00 per month or \$60.00 annually
- 5000 level \$10.00 per month or \$120.00 annually
- 3000 level \$15.00 per month or \$180.00 annually
- 1000 level \$20.00 per month or \$240.00 annually

Registered User Number\*

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Select Payment Type:

Monthly or  Annually

*Payment Information* If you do not feel safe with submitting your credit card information over the internet, please print out this faxable form and fax it to us on +61 2 6771 2610

Card Type\*  Visa  MasterCard  Bankcard  American Express  Diners

Cardholder Name\* \_\_\_\_\_

Card Number\* \_\_\_\_\_

Expiry Date\* \_\_\_\_\_

Your Name\* \_\_\_\_\_

B/H Phone Number\* \_\_\_\_\_

Email Address\* \_\_\_\_\_

Please Fax this form to +61 2 6771 2610 when completed

Comments:

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