

# RECOMMENDED INSTALLER APPLICATION FORM



date

## PERSONAL DETAILS

full name		trading name	
address			
email		contact number(s)	

## DO YOU HAVE PUBLIC LIABILITY INSURANCE? (Tick one box only)

Yes  No

## ONLINE PRESENCE (Tick boxes for each of the following)

Website  Facebook  Instagram  Twitter  Other: \_\_\_\_\_

## EXPERIENCE (Tick boxes for products that you have experience using)

Paving  Flagging  Kerbing  Segmental Retaining Walling  Facing Brick

## SKILLS (Tick boxes for other skills that you have experience using)

Hard Landscaping Design  Soft Landscaping  Fencing  Concreting  Tar / Asphalt Maintenance

## WHICH OUTSIDE ROOM CENTRE IS YOUR MOST CONVENIENT? (Tick a box for one location only)

Dungannon  Toome  Fivemiletown  Derry~Londonderry

## HOW FAR ARE YOU WILLING TO TRAVEL? (Tick boxes which apply)

<input type="checkbox"/> <b>Tyrone</b> <input type="checkbox"/> Omagh <input type="checkbox"/> Dungannon <input type="checkbox"/> Cookstown <input type="checkbox"/> Strabane	<input type="checkbox"/> <b>Armagh</b> <input type="checkbox"/> Portadown <input type="checkbox"/> Keady <input type="checkbox"/> Armagh <input type="checkbox"/> Lurgan <input type="checkbox"/> Newry	<input type="checkbox"/> <b>Down</b> <input type="checkbox"/> Newry <input type="checkbox"/> Ballynahinch <input type="checkbox"/> Newcastle <input type="checkbox"/> Downpatrick	<input type="checkbox"/> <b>Fermanagh</b> <input type="checkbox"/> Enniskillen <input type="checkbox"/> Lisnaskea <input type="checkbox"/> Belleek <input type="checkbox"/> Newtownbutler	<input type="checkbox"/> <b>Derry~Londonderry</b> <input type="checkbox"/> Derry <input type="checkbox"/> Coleriane <input type="checkbox"/> Limavady <input type="checkbox"/> Magherafelt	<input type="checkbox"/> <b>Antrim</b> <input type="checkbox"/> Antrim <input type="checkbox"/> Belfast Area <input type="checkbox"/> Ballymena <input type="checkbox"/> Ballymoney <input type="checkbox"/> Lisburn
<input type="checkbox"/> All of Northern Ireland					

Continued overleaf...

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Please provide details of two projects using AG products you have completed in the last 12 months. You must gain consent from the homeowner for AG to contact them.

## JOB 1

owners name			
address			
email		contact number(s)	
brief description of work carried out and products used			

## JOB 2

owners name			
address			
email		contact number(s)	
brief description of work carried out and products used			

Only after successful completion of the probationary period will Recommended Installer status be granted. Once granted, the agreement will be sent via email to the address provided on this application form. This agreement will enable Recommended Installers to benefit from a range of marketing opportunities, competitions, discounts and the Exclusive reward scheme, terms and conditions apply.

AG Recommended Installers, are not working for, contracted by or employed by AG, however they should conduct themselves in a manner that is fair, using clear language with customers, provide professional advice on installation and perform work safely. AG cannot be held responsible for the quality of workmanship or issues relating to the contractor-client relationship. AG are not responsible for any aspect of poor workmanship by the installer. Any customer concerns or complaints raised to AG will be passed back to the installer where responsibility lies to resolve to the satisfaction of the customer. Recommended Installers as independent businesses are responsible for their own health and safety, insurance, equipment, risk assessments, private documents and information associated with their business. Recommended Installers are expected to promote AG products therefore customers who contact you with an AG design, quote, order or all are expected to remain loyal to the brand.

Thank you for taking the time to fill out our application to become an AG Recommended Installer.

A member from your local Outside Room Centre will be in contact with you soon.