



The Horizon Cash Customer Program

Please return to your preferred Horizon location or submit on line at www.horizononline.com.

Date _____

Company Name _____

Your Name _____

Address _____

City _____ County _____ State _____ Zip _____

E-mail _____ Telephone _____

Type of Business:

Number of Employees _____

Landscape Construction

Landscape Maintenance

Irrigation Construction

Tax Supported Agency

Golf Course

Dealer/Retailer

Specialty Contractor (Type): _____

Other (please specify): _____

HDI use only-CT: _____