FRONTIER ACCOUNT APPLICATION FORM



Please complete this form in BLOCK CAPITALS

Agronomist/Farm Trader					
SECTION 1 - TRADING DETAILS (to be completed by all applicants)					
Type of account required: Purchase (Buying from Frontier) Sales (Selling to Frontier)	Both				
Type of business: Farmer Merchant Haulier Expense/Admin	n Supplier				
Type of business entity: Sole Trader Any type of Partnership Other - Please Ltd Company. If yes, please supply company registration number _	specify				
Full Trading Title and Head Office address	Please give collection or delivery address (if different)				
Trading Title Address	Trading Title Address				
Post Code	Post Code				
VAT Registration No. GB L L L L L L L L L L L L L L L L L L					
VAT Registration No. GBB	Scheme Number				
VAT Registration No. GBBCTOP Assurance details: Scheme Name SECTION 2 - PARTNER DETAILS (to be completed by all partner Please give full names and addresses of all partners (if different to above) Partner 1 Name	Scheme Numbererships)				
VAT Registration No. GB. Crop Assurance details: Scheme Name SECTION 2 - PARTNER DETAILS (to be completed by all partner Please give full names and addresses of all partners (if different to above) Partner 1 Name Address	Scheme Numbererships) Partner 2				
VAT Registration No. GBBCTOP Assurance details: Scheme Name SECTION 2 - PARTNER DETAILS (to be completed by all partner Please give full names and addresses of all partners (if different to above) Partner 1 Name	Scheme Number erships) Partner 2 Name Address				
VAT Registration No. GB. Crop Assurance details: Scheme Name SECTION 2 - PARTNER DETAILS (to be completed by all partner Please give full names and addresses of all partners (if different to above) Partner 1 Name Address	Scheme Number erships) Partner 2 Name				
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VAT Registration No. GBB Crop Assurance details: Scheme Name SECTION 2 - PARTNER DETAILS (to be completed by all partner Please give full names and addresses of all partners (if different to above) Partner 1 Name Address Post Code	Scheme Number Partner 2 Name Address Post Code Partner 4 Name				
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SECTION 3 - CONTACT DETAILS (to be completed by all applicants)

Main Contact		Second Contact	Second Contact		
Contact Name		Contact Name Landline Telephone			
Landline Telephone					
Mobile Telephone		Mobile Telephone			
Fax		Fax			
Email		Email	<u> </u>		
SECTION 4 - FARM DETAILS	(to be completed by farmers)				
	_				
Total Farm Ha	l lenar	ited Ha	Owned Ha		
Total Arable Crops Ha	Total Root /Vegeta	able Ha	Grass Ha		
SECTION 5 - HEALTH & SAFE	ETY				
Are there any site specific health,	safety, security or environmental prod	cedures to be aware of? E.g. cro	p protection store access,	, coded	
access, etc. Please give full detail	s:				
SECTION 6 - DATA PROTECT	ION				
Please indicate in the tick boxes b	pelow if you wish to receive Frontrunn	er, Frontier's weekly grain marke	eting report, and/or MyTec	hnical Brief,	
our crop production technical adv	vice bulletin:				
Frontrunner MyTechi	nical Brief Both				
If you wish to receive other marke	ting communications from Frontier A	ariculture Ltd. please signify by t	icking the relevant box/ba	exes:	
		gricuital o Etal pioaco eigim y by t	ioning the relevant bery be	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Post Email	Phone SMS Fax				
SECTION 7 - DECLARATION	(to be completed by all applicant	·s)			
	n are true and complete. If there are ar		e details, I/we are obliged	to inform	
Frontier Agriculture Ltd in writing	. I/we accept that Frontier Agriculture	Ltd will use credit reference age	encies who will add details	of the search	
to my/our credit file. I/we accept	that Frontier Agriculture Ltd will hold	personal data about me and my	business.		
I being an authorised officer of th	is business do agree that payment of	all accounts will be received by F	Frontier Agriculture Ltd wi	thin its credit	
	e to this obligation is the essence of t	he contract between us and that	t failure to comply with the	ese terms may	
result in credit facilities being with					
(All partners must sign for joint ar	nd several liability)				
Name	Signature	Capacity		Date	
N.					
Name	Signature	Capacity		Date	
Name	Signature	Capacity		Date	
Name	Signatura	Canacity			
Name	Signature	Capacity		Date	
If you would like to nominate a pe	erson to authorise future amendments	to your account please specify	below		
·					
Name	Signature	Capacity		Date	

Please send completed form to: Address Book Team, Frontier Agriculture Ltd, Camp Road, Witham St Hughs, Lincoln LN6 9TN, email to addressbook@frontierag.co.uk, or fax to 01522 866530.