

# KINGS ACCOUNT APPLICATION FORM



Please complete this form in BLOCK CAPITALS

Kings Account Manager

## SECTION 1 - TRADING DETAILS (to be completed by all applicants)

### Type of account required:

Purchase (Buying from any division of Frontier)  Sales (Selling to any division of Frontier)  Both

### Type of business:

Farmer/Gamekeeper  Merchant  Haulier  Expense/Admin Supplier

### Type of business entity:

Sole Trader  Any type of Partnership  Other - Please specify \_\_\_\_\_  
 Ltd Company. If yes, please supply company registration number \_\_\_\_\_

### Full Trading Title and Head Office address

Trading Title  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code  
\_\_\_\_\_  
\_\_\_\_\_

### Please give collection or delivery address (if different)

Trading Title  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code  
\_\_\_\_\_  
\_\_\_\_\_

VAT Registration No.  G  B

### Crop Assurance details:

Scheme Name \_\_\_\_\_ Scheme Number \_\_\_\_\_

## SECTION 2 - PARTNER DETAILS (to be completed by all partnerships)

Please give full names and addresses of all partners (if different to above)

**Partner 1**  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code  
\_\_\_\_\_  
\_\_\_\_\_

**Partner 2**  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code  
\_\_\_\_\_  
\_\_\_\_\_

**Partner 3**  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code  
\_\_\_\_\_  
\_\_\_\_\_

**Partner 4**  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3 - CONTACT DETAILS** (to be completed by all applicants)

**Main Contact**

Contact Name \_\_\_\_\_  
 Landline Telephone \_\_\_\_\_  
 Mobile Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Second Contact**

Contact Name \_\_\_\_\_  
 Landline Telephone \_\_\_\_\_  
 Mobile Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4 - FARM DETAILS** (to be completed by farmers/gamekeepers)

Total Farm Ha  Tenanted Ha  Owned Ha   
 Total Arable Crops Ha  Total Root /Vegetable Ha  Grass Ha

**SECTION 5 - HEALTH & SAFETY**

Are there any site specific health, safety, security or environmental procedures to be aware of? E.g. crop protection store access, coded access, etc. Please give full details: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 6 - DATA PROTECTION**

Please indicate in the tick boxes below if you wish to receive our monthly e-newsletter:

Yes  No

If you wish to receive other marketing communications from Frontier Agriculture Ltd. please signify by ticking the relevant box/boxes:

Post  Email  Phone  SMS  Fax

**SECTION 7 - DECLARATION** (to be completed by all applicants)

I/we confirm that the details given are true and complete. If there are any fundamental changes to these details, I/we are obliged to inform Frontier Agriculture Ltd in writing. I/we accept that Frontier Agriculture Ltd will use credit reference agencies 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 this business do agree that payment of all accounts will be received by Frontier Agriculture Ltd within its credit terms. I understand that adherence to this obligation is the essence of the contract between us and that failure to comply with these terms may result in credit facilities being withdrawn without notice.

(All partners must sign for joint and several liability)

_____ Name	_____ Signature	_____ Capacity	_____ Date
_____ Name	_____ Signature	_____ Capacity	_____ Date
_____ Name	_____ Signature	_____ Capacity	_____ Date
_____ Name	_____ Signature	_____ Capacity	_____ Date

If you would like to nominate a person to authorise future amendments to your account please specify below

_____ Name	_____ Signature	_____ Capacity	_____ Date
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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**.