# NOMIX ACCOUNT APPLICATION FORM

Please complete this form in BLOCK CAPITALS

| Area Sales Manager     |  |   |
|------------------------|--|---|
| Alea Sales Hallagel    |  |   |
| SECTION 1 - TRADI      | NG DETAILS (to be completed by all application | nts)  |
| Type of account requi  | red:   |   |
| Purchase (Buying       | g from any division of Frontier) Sales (Selli  | ing to any division of Frontier) 🛛 🗌 Both                 |
| Type of business:      |  |   |
|                        |  |   |
| Contractor             | Distributor Other                              |   |
| Type of business entit | y:   |   |
| 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                            | Please give collection or delivery address (if different) |
| Trading Title          |  | Trading Title   |
|                        |  |   |
| Address                |  | Address   |
|                        |  |   |
|                        |  |   |
|                        |  |   |
|                        |  |   |
|                        | Post Code                                      | Post Code   |

nomix

Post Code

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

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

VAT Registration No. GB

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| Partner 1<br>Name | Partner 2<br>Name |
|-------------------|-------------------|
|                   |                   |
| Address           | Address           |
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |
|                   |                   |
|                   | Post Code         |
| Post Code         | Post Code         |
|                   |                   |
|                   |                   |
| Partner 3<br>Name | Partner 4<br>Name |
|                   | Name              |
| Name              | Name  Address     |
| Name              | Name              |
| Name              | Name  Address     |
| Name              | Name  Address     |
| Name Address      | Name  Address     |
| Name              | Name  Address     |
| Name  Address     | Name  Address     |

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

| Main Contact       | Second Contact     |
|--------------------|--------------------|
| Contact Name       | Contact Name       |
| Landline Telephone | Landline Telephone |
| Mobile Telephone   | Mobile Telephone   |
| Fax                | Fax                |
| Email              | Email              |
|                    |                    |
|                    |                    |

#### **SECTION 4 - 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 5 - DATA PROTECTION**

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 6 - 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

| e |
|---|
|   |

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.



Nomix Enviro is a division of Frontier Agriculture Ltd.