



**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)

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

**SECTION 5 - HEALTH, SAFETY AND ENVIRONMENT QUESTIONS**

**BULK GRAIN/FEED/SEED/FERTS LOADING/TIPPING**

	Yes	No	Comments
Are there any overhead power cables present in your farm yard?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are any tipping/loading points within 10m (horizontal) of the power cables?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have a plan of the overhead power cables on farm you could share with us?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are all loading and tipping areas on firm and flat ground?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any other overhead hazards we should be aware of i.e. comms cables, conveyors, pipes etc?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any other specific hazards we should be aware of i.e. cess pit, ditches, lagoons, sink holes etc	<input type="checkbox"/>	<input type="checkbox"/>	_____

**CROP PROTECTION STORE**

Is the crop protection store clearly signed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can our delivery vehicle be positioned close to your store for unloading?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Will a forklift truck and driver be available to unload your palletised products from our delivery vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is the lighting in and around your chemical store sufficient to make safe deliveries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there safe access/egress to the chemical store?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can your crop protection store be securely locked?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Could we have access to a key/key code to the crop protection store to ensure deliveries are secure?	<input type="checkbox"/>	<input type="checkbox"/>	_____

**CROP SPRAYING**

Is there a safe area where we can fill our crop sprayer?   \_\_\_\_\_

Is this area an appropriate distance from any drains or run off that leads into ditches, streams or rivers?   \_\_\_\_\_

Are there any sink holes or other hazards present in any of your fields that we should be aware of?   \_\_\_\_\_

Are there any steep slopes in any of your fields that may compromise the stability of our crop sprayer?   \_\_\_\_\_

Are there any neighbours who, out of courtesy, require notification prior to spraying on your land?   \_\_\_\_\_

**SECTION 6 - PAYMENT DETAILS (SELLING TO FRONTIER)**

Bank Name _____	Account Name _____
Address _____ _____ _____	Sort Code ____
_____	Account Number _____
_____	
_____ Post Code _____	

\* The bank account name must match the trading title of the account.

**SECTION 7 - DATA PROTECTION**

If you wish to receive invitations to events, technical updates and other relevant communications from Frontier Agriculture Ltd. and its divisions please signify by ticking the relevant box/boxes:

Post     Email     SMS

**SECTION 8 - 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**.