



CROP PRODUCTION  
ANIMAL HEALTH &  
SEED SPECIALISTS

*Food from thought*

# B.C.W. 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 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)

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

Please download and print this form so that you may complete it by hand. If you are able to scan it, please do so and send the electronic scan file to [address@frontierag.co.uk](mailto:address@frontierag.co.uk) If you do not have access to scan facilities, we are happy to accept a **clear, legible photo image** of your completed form.

**B.C.W Agriculture is a division of Frontier Agriculture Ltd.**

Registered Office: Weston Centre, 10 Grosvenor Street, London W1K 4QY