

# NOMIX ACCOUNT APPLICATION FORM



Please complete this form in BLOCK CAPITALS

Area Sales Manager

## 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

VAT Registration No.  G  B

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

Trading Title

Address

  
  
  
  
  

Post Code

### 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 - HEALTH, SAFETY AND ENVIRONMENT QUESTIONS

#### CHEMISTRY LOADING/UNLOADING

Are there any overhead power cables present on your site?

Yes	No	Comments
<input type="checkbox"/>	<input type="checkbox"/>	_____

Are any loading/unloading 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 site you could share with us?

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

Are there any other overhead hazards we should be aware of?

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

Are there any other specific hazards we should be aware of?

<input type="checkbox"/>	<input type="checkbox"/>	_____
--------------------------	--------------------------	-------

#### CHEMISTRY STORE

Is the 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"/>	_____
--------------------------	--------------------------	-------

### SECTION 5 - PAYMENT DETAILS (SELLING TO NOMIX)

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Account Name \_\_\_\_\_

Sort Code \_\_\_\_\_

Account Number \_\_\_\_\_

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

### SECTION 6 - DATA PROTECTION

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

Post  Email  SMS

**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 Nomix Enviro Ltd in writing. I/we accept that Nomix Enviro Ltd will use credit reference agencies who will add details of the search to my/our credit file. I/we accept that Nomix Enviro 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 Nomix Enviro 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 **addressbook@nomixenviro.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.



**Nomix Enviro Ltd.**

Registered Office: Witham St Hughs, Lincoln, LN6 9TN