

Please complete this form in BLOCK CAPITALS

Area Sales Manager	
SECTION 1 - TRADING DETAILS (to be completed by all applica	ants)
Type of account required:	
Purchase (Buying from Frontier) Sales (Selling to Frontier)) Both
Type of business:	
Farmer Merchant Haulier Expense/Admir	n 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	Please give collection or delivery address (if different)
Trading Title	Trading Title
Address	Address
Post Code	Post Code
VAT Registration No. GB COLUMN	
Crop Assurance details:	
Scheme Name	Scheme Number
SECTION 2 - PARTNER DETAILS (to be completed by all partner Please give full names and addresses of all partners (if different to above)	
Partner 1	Partner 2
Name	Name
Address	Address
Day Carlo	Post Code
Post Code	
Partner 3 Name	Partner 4 Name
	Address
Address	Address
Post Code	Post Code

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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 AND ENVIRONMENT OHE	CTION	NC .			
SECTION 4 - HEALTH, SAFETY AND ENVIRONMENT QUES	STION	N3			
CHEMISTRY LOADING/UNLOADING	Yes	No Comments			
Are there any overhead power cables present on your site?					
Are any loading/unloading points within 10m (horizontal) of the power cables?					
Do you have a plan of the overhead power cables on site you could share with us?					
Are there any other overhead hazards we should be aware of?					
Are there any other specific hazards we should be aware of?					
CHEMISTRY STORE					
Is the store clearly signed?					
Can our delivery vehicle be positioned close to your store for unloading?					
Will a forklift truck and driver be available to unload your					
palletised products from our delivery vehicle?					
Is the lighting in and around your chemical store sufficient to					
make safe deliveries?					
Is there safe access/egress to the chemical store?					
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SECTION 5 - PAYMENT DETAILS (SELLING TO NOMIX)					
Bank Name		Account Name			
Address	ı				
	_	Sort Code			
	_				
	_	Account Number			
Post Code	_				
	_	* 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 otl	her rele	elevant communications from Nomix Enviro Ltd. and its divisions please			
signify by ticking the relevant box/boxes:					
Post Email SMS					

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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 nomina	ate a person to authorise future amendments to	your account please specify below	
Name	 Signature	Capacity	Date

Please send completed form to: **Nomix Enviro Ltd, The Grain Silos, Weyhill Road, Andover, Hampshire, SP10 3NT**, email to **sales@nomixenviro.co.uk**, or fax to **08000 324351.**

