

ACCOUNT APPLICATION FORM



Please fill in all sections

| | | |
|----------------------------|------------------------------|-----------------------------|
| Name (Capitals) | | |
| Trading Name | | |
| Are you a limited company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Address (Invoice) | | |
| | | |
| | Post Code: | |
| Phone Number(s) | | |
| | | |
| Mobile Number(s) | | |
| | | |
| Email Address | | |
| Date | / / | |
| Signature | | |

Additional Delivery Point

| | |
|-------------------|------------|
| Name (Capitals) | |
| Address (Invoice) | |
| | |
| | Post Code: |
| Phone Number(s) | |
| Mobile Number(s) | |
| | |
| Additional Info | |
| | |
| | |
| | |

Tarff Valley Ltd will never share your information with a third party for marketing purposes. By signing this application you agree to Tarff Valley's standard trading terms and conditions, copy available on request or on the Tarff Valley website.

| | |
|---|--|
| First Order Value (£) | |
| Approx. amount of monthly credit required | |

All new accounts will be opened on the condition that payments will be made by direct debit, card payment or BACS, bank details below. These payment methods will be strictly monitored.

| | | | |
|---------------------------------------|------------------------------|-----------------------------|--|
| Direct Debit Form Issued to Applicant | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (Direct Debit date is 28th of every month) |
|---------------------------------------|------------------------------|-----------------------------|--|

BACS details: Account Number 80083075 Account Sort Code 826122
 Payment reference is your account number found on your monthly invoice.

Office Use

| | |
|--------|--------------|
| Rep: | A/C No: |
| Batch: | Date Opened: |

Note – If signing on behalf of a limited company or partnership, Directors/Partners are also required to agree to our terms by signing below:x

| | |
|---|---|
| I confirm agreement to Tarff Valley Ltd's terms and conditions of business. | I confirm agreement to Tarff Valley Ltd's terms and conditions of business. |
| Signature | Signature |
| Name | Name |
| Date / / | Date / / |
| Note – Director/Partner to sign in individual capacity | Note – Director/Partner to sign in individual capacity |

COMMUNICATION PREFERENCES



| |
|---|
| How would you like your monthly invoice sent to you? Please tick. Post <input type="checkbox"/> Email <input type="checkbox"/> Both <input type="checkbox"/> |
| What type of farm do you have? Beef <input type="checkbox"/> Sheep <input type="checkbox"/> Dairy <input type="checkbox"/> Arable <input type="checkbox"/> Equine <input type="checkbox"/> Pig <input type="checkbox"/> Poultry <input type="checkbox"/> Other <input type="checkbox"/> If other, please specify _____ |
| Would you like to receive the monthly newsletter by email? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Would you like Tarff Valley to email product and service updates or special offers directly related to your farm type? * Yes <input type="checkbox"/> No <input type="checkbox"/> |

*Your details will be kept indefinitely unless otherwise notified.

To inform Tarff Valley Ltd of changes to your contact details, please email marketing@tarffvalley.co.uk

**Your information will be securely retained as per GDPR guidelines.

For internal use only

| | |
|----------------------------------|---|
| Application processed by (name): | |
| Result | Suitable <input type="checkbox"/> Not Suitable <input type="checkbox"/> |
| Terms & Conditions Issued | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Credit Controller Notes: | |

ALL INFORMATION IS MANDATORY