

KENT WOOL GROWERS LTD

Brundrett House, Tannery Lane, Ashford, Kent, TN23 1PN

☎ 01233 622444

Fax: 01233 611888

Account Application

Account:

KWG Ref: **NM** //.....

PLEASE complete page 1 and 2

Mr / Mrs / Miss / Ms Surname: First Names.....

If a Company, Names of Directors:
.....

Legal Entity: Sole Trader / Partnership / Limited Company (Registered No.)

Address: Telephone:

..... Fax:

..... Mobile:

..... Post Code:

Farms(s) Address (if different from above):
.....

Type of Farming: Arable (Cereals) Arable (Potatoes) Dairy Other Cattle Pigs
(please tick - ✓)
Sheep Horses Contractor Poultry Horticulture
Fuel Other (please specify)

Total Acreage/Hectares farmed as (a) Owner (b) Tenant (c) Grazing Tenancy Total

Amount of Credit applied for: £..... Vat Registration No. (Req'd for ALL Fuel Customers)

Name and address of Bankers:

(to whom reference may be made) Account No: Bank Sort Code:/...../.....

Trade/Personal Reference (1)
.....
.....

Trade/Personal Reference (2)
.....
.....

If less than two years at present address.

Please give your previous address:->
.....
.....

Post Code:

FUEL ACCOUNTS

All Fuel account applications, must be accompanied by a completed Direct Debit form

LIMITED COMPANIES

KWG will require personal guarantees from all directors of Limited companies before the account is approved. The guarantee form will be sent, if appropriate, following receipt of this form in the Ashford office.

Application for Membership and Shares

I / We the undersigned, hereby make application to become a Member and apply for shares of £1.00 each in the above named Society, and if admitted, to be bound by the Rules of the Society and the Terms of Trading thereof.

Kent Wool Growers may pass on details of your trade with the company to its suppliers. If you do not agree to this please tick here.

Full payment of shares applied for (minimum 50 shares) Shares £
plus a one of administration fee of £15.00, MUST accompany this application Admin Fee £ 15.00
Total Enclosed £

Applicants Signature: Date:

Proposer - Name: (An existing KWG member)

Signature: KWG Account No.:

Address:

.....

.....

Post Code

All applicants must be approved by the Directors at a Board Meeting.

Comments:

Office Use KWG Representative AS HC MW SG RW Originator:
Date Received: (Shares £.....) Reference Sent (1) Recvd
Credit Check (Equifax) Sent (2) Recvd
Account Approved Credit Limit: £.....
Direct Debit YES / NO