**Grace Foods UK Limited** and Trading entities:



**Enco Products, Chadha Oriental Foods, Funnybones Foodservice**

Grace House, Centrapark, Bessemer Road, Welwyn Garden City, Hertfordshire. AL7 1HW

**Telephone:** 01707 321234

**Sales Email:** [customer.services@GKCO.com](mailto:customer.services@GKCO.com) **Accounts Email:** ccadmin@GKCO.com

**WHICH OF OUR TRADING ENTITIES DO YOU WISH TO TRADE WITH?** Choose an item.

**TYPE OF ACCOUNT REQUESTED** Choose an item.

(please note that we cannot collect cash or cheque for COD deliveries)

**IF CREDIT ACCOUNT REQUESTED – LIMIT REQUIRED** Choose an item.

**COMPANY (BILLING) NAME:** Click or tap here to enter text.

**TRADING NAME (IF DIFFERENT FROM ABOVE)** Click or tap here to enter text.

STREET NAME & NUMBER: Click or tap here to enter text.

TOWN/ CITY:Click or tap here to enter text.

COUNTY: Click or tap here to enter text. POSTAL CODE: Click or tap here to enter text.

VAT NUMBER: Click or tap here to enter text. EORI NUMBER: Click or tap here to enter text.

ACCOUNTS CONTACT: Click or tap here to enter text. ACCOUNTS LANDLINE: Click or tap here to enter text.

ACCOUNTS MOBILE: Click or tap here to enter text. ACCOUNTS EMAIL:Click or tap here to enter text.

BUYER CONTACT:Click or tap here to enter text. BUYER LANDINE:Click or tap here to enter text.

BUYER MOBILE:Click or tap here to enter text. BUYER EMAIL**:**Click or tap here to enter text.

**TYPE OF BUSINESS:** Choose an item.

IS THIS APPLICATION LINKED TO AN EXISTING ACCOUNT? Choose an item.

IF YES – PLEASE PROVIDE ACCOUT NUMBER: Click or tap here to enter text.

**DELIVERY DETAILS (if different from billing address):**

TRADING NAME**:** Click or tap here to enter text.

STREET NAME & NUMBER:Click or tap here to enter text.

TOWN/ CITY: Click or tap here to enter text.

COUNTY:Click or tap here to enter text. POSTAL CODE:Click or tap here to enter text.

**DELIVERY GUIDANCE**

BOOKING IN REQUIRED:Choose an item.

BOOKING IN TELEPHONE NUMBER: Click or tap here to enter text.

TYPE OF VEHICLE ALLOWED: ARCTIC: Choose an item. RIGID: Choose an item.

UNLOADING GOODS:

HANDBALL: Choose an item. FORKLIFT: Choose an item. TAIL LIFT: Choose an item.

PLEASE ADVISE OF ANY PARKING INSTRUCTIONS/RESTRICTIONS INCLUDING TIMES:

Click or tap here to enter text.

PLEASE ADVISE OF ANY SPECIAL DELIVERY INSTRUCTIONS: Click or tap here to enter text.

Click or tap here to enter text.

PLEASE PROVIDE YOUR CHEP ACCOUNT NUMBER (if applicable) Click or tap here to enter text.

**FOR FUNNBONES DELIVERIES ONLY –**

PLEASE ADVISE PREFERRED DELIVERY WINDOW: Choose an item.

**CREDIT CONTROL:**

HOW LONG HAS THE BUSINESS BEEN ESTABLISHED?Click or tap here to enter text.

HOW LONG HAS THE BUSINESS BEEN UNDER PRESENT OWNERSHIP?Click or tap here to enter text.

NAME AND ADDRESS OF PRINCIPAL BANKERS:Click or tap here to enter text.

Click or tap here to enter text.

ACCOUNT NUMBERClick or tap here to enter text. SORT CODEClick or tap here to enter text.

**LEGAL ENTITY:**

**PLEASE COMPLETE IF YOU ARE A LIMITED COMPANY OR REGISTERED CHARITY**

LIMITED COMPANY NAME:Click or tap here to enter text.

REGISTRATION NO: Click or tap here to enter text.

REGISTERED OFFICE ADDRESS:

STREET:Click or tap here to enter text. TOWN/ CITY:Click or tap here to enter text.

COUNTRY:Click or tap here to enter text. POSTAL CODE:Click or tap here to enter text.

**PLEASE COMPLETE IF YOU ARE A SOLE PROPRIETOR OR PARTNERSHIP:**

**PARTNER ONE**

TITLE: Choose an item.FIRST NAME:Click or tap here to enter text.

LAST NAME: Click or tap here to enter text.

D.O.B. Click or tap here to enter text.

**FULL RESIDENTAIL ADDRESS:**

STREET NAME & NUMBER:Click or tap here to enter text.

COUNTY:Click or tap here to enter text. POSTAL CODE:Click or tap here to enter text.

TEL. LANDLINE:Click or tap here to enter text. MOBILE:

**PARTNER TWO**

TITLE: Choose an item. FIRST NAME:Click or tap here to enter text.

LAST NAME: Click or tap here to enter text.

D.O.B. Click or tap here to enter text.

**FULL RESIDENTAIL ADDRESS**:

STREET NAME & NUMBER:Click or tap here to enter text.

COUNTY:Click or tap here to enter text. POSTAL CODE: Click or tap here to enter text.

TEL. LANDLINE:Click or tap here to enter text. MOBILE: Click or tap here to enter text.

**IF YOU WISH TO APPLY FOR CREDIT FACILITIES, PLEASE PROVIDE DETAILS OF TWO FOOD SUPPLIERS WITH WHOM YOU HOLD CREDIT FACILITIES AND ORDER REGULARLY**

SUPPLIER NAME:Click or tap here to enter text. SUPPLIER NAME:Click or tap here to enter text.

ADDRESS:Click or tap here to enter text. ADDRESS:Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

POST CODE:Click or tap here to enter text. POST CODE:Click or tap here to enter text.

TELEPHONE:Click or tap here to enter text. TELEPHONE:Click or tap here to enter text.

ACCCOUNT NUMBER:Click or tap here to enter text. ACCOUNT NUMBER:Click or tap here to enter text.

**PLEASE SIGN THE BELOW FORM IN ACCEPTANCE TO THE ATTACHED TERMS AND CONDITIONS OF SALE.**

I/we confirm that I am authorised to sign this agreement and have read and agree to the attached Terms and Conditions of Sale (Link to view). I/we authorise Grace Foods UK Limited to carry out all necessary checks required to validate and process this application.

**SIGNATURE:**Click or tap here to enter text. **DATE:**Click or tap here to enter text.

**(partner 1 (if appropriate)**

**TITLE:**Click or tap here to enter text.

**SIGNATURE:**Click or tap here to enter text. **DATE:**Click or tap here to enter text.

**(partner 2 (if appropriate)**

**TITLE:**Click or tap here to enter text.