***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**

**Tel: 01707- 321234 Sales Email: 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:** Choose an item.

**TRADING NAME (IF DIFFERENT FROM ABOVE)**

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 LANDLINE: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.

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

**FOR FUNNYBONES DELIVERIES ONLY –**

DELIVERY OPENING TIMES: Click or tap here to enter text.

PLEASE ADVISE PREFERRED DELIVERY WINDOW BETWEEN 7AM AND 4PM (4 HOUR WINDOW)

Click or tap here to enter text.

**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.

**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: 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 RESIDENTIAL 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.

**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 RESIDENTIAL 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 https://www.funnybones.co.uk/terms/). 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.

**At Grace Foods UK, we are committed to using your personal data only for the purposes for which it was collected. For more detailed information, please refer to our Privacy Notice, which is available on our website: https://gracefoods.co.uk/privacy**

**If you have understood the above statement please tick here:** [ ]