

# G&G FOOD SUPPLIES LTD

Exclusive UK Importers & Distributors of

## BLACKMORES<sup>®</sup> PROFESSIONAL

G&G Food Supplies Ltd, Vitality House, 2-3 Imberhorne Way, East Grinstead, West Sussex, RH19 1RL • Tel: 01342 337532 • Fax: 01342 315938 • Email: sales@blackmoresprofessional.co.uk

### Practitioner Account Application Form

Practitioner's Name:

\_\_\_\_\_

Clinic Name:

\_\_\_\_\_

Address:

Postcode:

Tel No. (Bus):

Tel No. (Home):

Fax No.:

Email:

\_\_\_\_\_

Delivery Address (If different from above):

Postcode:

Year Practice Established:

\_\_\_\_\_

#### Educational Qualifications:

Please advise us of your professional qualifications as the Celloid® Mineral Range is only available to practitioners who have fully trained in their use, either through our Correspondence Course or equivalent. Please enquire if you require further details.

Please also attach photocopies of your certificates, or email scanned copies to [sales@blackmoresprofessional.co.uk](mailto:sales@blackmoresprofessional.co.uk)

1. Qualification:

Where Obtained:

Year of Graduation:

\_\_\_\_\_

2. Qualification:

Where Obtained:

Year of Graduation:

\_\_\_\_\_

3. Qualification:

Where Obtained:

Year of Graduation:

\_\_\_\_\_

Payment in full is required prior to despatch of the goods, either by cheque with order, or by credit/debit card.

Title to any goods supplied remains with G&G Food Supplies Ltd until full and final payment for the goods has been received.

#### CREDIT/DEBIT CARD DETAILS:

Card Type: \_\_\_\_\_

Card No.:

□□□□ □□□□ □□□□ □□□□

Name on Card: \_\_\_\_\_

Valid From: \_\_\_\_\_ Expires: \_\_\_\_\_

Issue No. (Switch): \_\_\_\_\_

Security Code (last 3 digits on signature strip) \_\_\_\_\_

I authorise the use of my credit card by G&G Food Supplies for all orders where I have expressly asked for a charge to be made to the account details given above.

Signed: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

#### Trade Reference 1

Company Name:

Tel:

Fax:

#### Trade Reference 2

Company Name:

Tel:

Fax:

#### Trade Reference 3

Company Name:

Tel:

Fax:

#### OFFICE USE ONLY

Date Application Received	/ /
Qualifications Confirmed	Y/N
Reference Criteria	Y/N
A/C Approved	Y/N
Account No.	