

DOMINGO GRAU, S.L.**FOOD DISTRIBUTORS**

Arquimedes,6 -08907 L'Hospitalet-Barcelona

VAT nº: B08639643

Phone: 93 263 22 99 Fax: 93 263 2919

Email: domingograu@dgrau.com

**File/Customer Data**

Customer Code:	
Representative:	
Date:	

BILLING INFORMATION

Business Name:						
Trade Name:				VAT/ID card:		
Mailing Address:						
2nd Mailing Address:						
Postal Code:			Country:			
Province:			City:			
Delivery Schedule:	Morning:			Afternoon:		
Phone:			Mobile Phone:			
Invoice Observations:						
Loading Docks:	YES	NO	Trailers entrance:	YES	NO	
				Have Stacker to unload:	YES NO	
Email Address:						

INVOICE CONDITIONS

VAT Subject to %Equalization Tax:	YES	NO	Wish to receive a copy of the invoice via email:	YES	NO
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DELIVERY DATA OF THE ORDER (Different from fiscal information)

Trade Name:		Mailing Address:		City:	
Trade Name:		Mailing Address:		City:	

CONTACT PERSON

Name and Last Name:	Mr./Mrs.
Phone:	Email Address:

Claims or returns past 60 days of the invoice date will not be accepted.

METHOD OF PAIMENT

Advanced Payment/ Cash:	Receipt:	Transfer:	Debit entry:
Deferment:	Days (Subject to law 15/2010)		

PERSONAL DATA PROTECTION

In accordance with the provisions of Law 15/1999, we inform you that your data has been incorporated into a database under the responsibility of DOMINGO GRAU SL, in order to be able to meet the commitments arising from the relationship we have with you. You can exercise your rights of access, cancellation, rectification and opposition by writing to the address: C / ARQUIMEDES No. 6 L'Hospitalet de Llobregat 08907-BARCELONA.

Signature and Stamp of the Customer or authorized person

Name and VAT/ID card:

CUSTOMER AUTHORIZATION FOR DEBTS WITH FINANCIAL INSTITUTIONS (Law 16/2009)

Account Holder:	
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SEPA CORE/SEPA B2B Direct debit mandates**IBAN ACCOUNT NUMBER:**

IBAN CODE:			
SWIFT BIC:			
Type of payment:	Recurrent Payment:	One Payment:	

I AUTHORIZE Domingo Grau SL to make charges or indicated debit entries of all the receipts for related bills that arise as a result of the business relationship between the parties, as required by the Payment Services Act 16/2009. The holder or the person with powers over the account indicated below (the undersigned), also authorizes the indicated bank to charge the direct debits to the account detailed above, until further notice. Also, the undersigned agrees to hand over to its financial institution a signed copy of this mandate.

Signature and Stamp of the Customer or authorized person

Name and VAT/ID card: