

**Reg. No. 1995/011375/07**

**Tel: (031) 303 4716, Fax: (031) 303 4247, a/h: 082 4507 887**

**PO Box 47448, Greyville, Durban, 4023**

**CREDIT APPLICATION FORM**

**1. REGISTERED NAME:…………………………………………………………………………………………….……………………...**

**2. PR NO:.........................................................................……..MP/Y NO:....................…………………………………………..**

**3. SURNAME:........................................................................................................................................………………………..**

**4. FORENAMES:......................................................................................................................................………………………**

**5. I.D.NUMBER:.....................................................................................................................................………………………..**

**6. REGISTERED ADDRESS:..............................................................................................................….……………………….**

 **..............................................................................................................................……………………..(CODE)……………..**

**7. DELIVERY ADDRESS:.....................................................................................................................………………………….**

 **……………………………………………………………………………………………………………………….(CODE)……………..**

 **8. POSTAL ADDRESS:............................................................................................................................……………..……....**

 **..............................................................................................................................……………………...(CODE)……..………**

**9. TELEPHONE NO'S: WORK........................................................…………….. HOME.......................………………………….**

 **FAX..........................................................…………… CELL........................…………………………..**

**10. BANKING DETAILS: BANK.....................................................…………….. BRANCH.................…………………………....**

 **ACCOUNT NO.....................................................…………... BRANCH CODE…………..........................….**

**11. TRADE REFERENCES: 11.1............................................................……………………TEL................……………………….**

 **11.2……………………………………………………………….... TEL……………………………….…..**

1. **DETAILS OF RELATIVE NOT LIVING WITH YOU:**

**NAME: .................................................................. TEL: ................................................**

**ADD: ..................................................................**

***TERMS: 30 DAYS FROM STATEMENT DATE. INTEREST WILL BE CHARGED ON OVERDUE ACCOUNTS AT 23% PER ANNUM.***

***THE GOODS REMAIN THE PROPERTY OF PD PHARMACEUTICALS UNTIL THE ACCOUNT IS PAID IN FULL.***

***I, THE UNDERSIGNED DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AGREE TO ABIDE BY THE TRADING CONDITIONS OF THE COMPANY.***

***SIGNATURE…………………………………………………….. DATE………………………………***

**PD PHARMACEUTICALS - ALWAYS AT YOUR SERVICE !**

**Directors: PMJ van den Akker, DL van den Akker**