

Section A (To be completed by the applicants)

Type of Legal Entity : _____
 Legal Name : _____
 Trading Name : _____
 Registration Number of Doctors / Pharmacist : _____
 Dispensing Licence Number : _____
 Co. Registration No : _____
 Pharmed Account Name (if applicable) : _____
 Pharmed Account Number (if applicable) : _____

Postal Address: _____ Delivery Address: _____

Section B (Details)

Contact Numbers (work) : _____ Fax: _____
 Home Number: _____ Cell No.: _____
 Email Address: _____ Cell No. 2: _____

Banking Details

Name of Bank: _____ Branch: _____
 Account Number: _____

Terms and Conditions

1. The customer should place their orders and then make payment into one of the Pharmed bank accounts. (Details to be given on request). Proof of payment / deposit needs to be faxed through to the credit control department on (031) 571 2956 or emailed to accounts@pharmed.co.za.
2. Payments made will have to appear on our bank statements, then only will the orders be released.
3. The creditor reserves the right amend its terms, condition and policies and such amendments would be communicated on the statement/invoices/letters sent to customers from time to time.
4. The onus rests on the customer to be familiar with the policies of the manufacturers. Goods will not be accepted for credit unless they are in their original condition and packaging and accompanied by a copy of the original invoice.
5. The information furnished in this application is true and correct. The creditor reserves the right to suspend or amend my/our credit facility at it's discretion.

Name

Signature

Date

<<<<<<APPLICATION WILL NOT BE ACCEPTED WITHOUT THE ABOVE SIGNATURE>>>>>>

FOR OFFICIAL USE

OUTCOME OF APPLICATION: APPROVED YES NO

DIRECTOR'S SIGNATURE: _____

REMARKS FROM MANAGEMENT: _____

DATE: _____

CLASS: _____

Pharmed Pharmaceuticals (Pty) Ltd

31 Invubu Park Close, Riverhorse Valley, Durban | PO Box 74623, Rochdale Park, Durban, 4034
 T +27 31 571 2800 | www.pharmed.co.za

REG No: 1985/005694/07 VAT No: 4440113225