



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.....

12. 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