

Arrie Nel Pharmacy Group

Portion 23 of Erf 2071

433 34th Avenue

Villieria 0186

P. Box X13, Irene, 0062

Tel: 012 333 2283

Fax: 012 333 4438

Complete & Return to: Fax: (012) 333 4438, Email: admin@arrienel.co.za**CREDIT APPLICATION FORM**

Our terms are strictly 30 days and all goods are sold subject to our standard trading conditions.

1. Customer's Name: _____
 Registration/Identity Number: _____
 VAT Number: _____
 (Please attach copy of VAT Certificate or Tax Invoice)
 Name and address of spouse if customer is a private individual: _____

Marital status if customer is a private individual: _____

How Married: In Community Out of Community of Property

2. Type of entity: (mark appropriate box)

Public Company Partnership Private Company Sole Trader Close Corporation Other Trust

Define entity if marked as "Other" _____

3. Physical address: _____

4. Postal address: _____ Code: _____

5. Delivery address: _____

6. E-mail address: _____

7. Contact Person: Accounts _____
 Buyer _____8. Telephone number: _____ Fax number: _____
 Cellular number: _____9. Registered Office Address: _____
 _____10. Name and Address of Auditor: _____

11. How long has the business been operating? _____

12. Have book debts been ceded? Yes No
If yes, to whom: _____

13. Please provide the following in respect of all directors/members/trustees/partners/proprietors/s (delete whichever is inapplicable) (use an annexure if necessary)

13.1 Full Names: _____

13.2 Identity Number: _____

13.3 Residential Address: _____

13.4 Home Telephone Number: _____

14. Complete the following section if applicable:

14.1 MEDICAL AND DENTAL PRACTITIONERS

* Practice Number: _____

* Dispensing License No: _____

* Please supply the following details in respect of each Medical or Dental Practitioner in the Practice (use an annexure if required):

NAME

HPCSA REGISTRATION NO.

14.2 RETAIL PHARMACIES

* Pharmacy Council Registration No. of the Pharmacy: _____

* Please supply the following details in respect of the responsible pharmacist, and each owner of the Pharmacy who is a Pharmacist (use an annexure if necessary)

NAME

PHARMACY COUNCIL REG. NO

14.3 OTHER HEALTHCARE PROFESSIONALS

* State Healthcare discipline: _____

* Please supply the following details in respect of each owner who is a Healthcare Professional (use an annexure if necessary)

NAME

**HPCSA
REG. NO**

**DEPARTMENT
OF HEALTH PERMIT NO**

15. Appropriate initial credit limit required: _____

16. Trade References:

SUPPLIERS**ACCOUNT #****TEL #**

16.1 _____

16.2 _____

16.3 _____

17. Landlord's Name: _____

Telephone No: _____

Address: _____

18. Has any director/member/partner/owner been a director/member/partner of any firm that has been liquidated, sequestrated or placed under judicial management:

Yes No

18.1 Name of director/member/partner/owner: _____

18.2 Name of firm: _____

18.3 Date of relevant Court Order: _____

18.4 Name and address of Trustee/Liquidator: _____

19. Banking Details:

19.1 Official Bankers: _____

19.2 Account No: _____

19.3 Branch: _____

19.4 Branch Code: _____

NAME: _____

DATE: _____

DESIGNATION: _____

I, Full Name: _____

Identity Number: _____

Declare that I am authorized to sign this Credit Application. I have read and understand the Conditions of Sale forming part of this Credit Application and accept that they are binding on each and every transaction. I warrant that all information given by me, or any other person on behalf of the customer whether in terms of this Application or otherwise shall be accurate and complete in every respect. I further warrant that where this Application is signed in a representative capacity, I have the capacity to do so and that the transaction is within my power. I accept and acknowledge on behalf of the customer that the Arrie Nel Pharmacy Group audit's related companies will grant credit on the strength of the information furnished by me in this document and, if and to the extent that such information is incorrect or misleading, may give rise to financial loss or damage.

SIGNATURE_____
PLACE_____
DATE

OFFICIAL STAMP