

Section A (To be completed by the applicants)	
Type of Legal Entity:	
Legal Name:	
Trading Name:	
Registration Number of Doctor / Pharmacist:	
Dispensing License Number:	
Company Registration Number:	
Physical / Postal Address:	

Section B (Contact Details)	
Business Number:	
Cell Number:	
Email Address	

Section C (Banking Details)	
Bank Name:	
Account Holder's Name:	
Account Number:	
Branch Code:	

TERMS AND CONDITIONS
<ol style="list-style-type: none"> The customer should place their orders and then make payment into one of the Pharmaways Bank Accounts All EFT payments made will have to appear on our bank statements, then only will the orders be released. Cash payment deposits are discouraged as they attract higher bank charges Pharmaways has facilities for swiping of credit or debit cards 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. The onus rests on the customer to be familiar with the policies of the manufacturers. Good will not be accepted for credit unless they are in their original condition and packaging and accompanied by a copy of the original invoice. 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

Section D (For Official Use Only)		
Outcome of Application:	Approved:	Declined:
Director Signature:		
Remarks from Management:		
Date:		
Class:		