ACCOUNT APPLICATION

IAD inter-africa dental pty(ltd)

"Passionate about Dentistry!"

INTER-AFRICA DENTAL (PTY) LTD

HEAD OFFICE - PRETORIA
PO BOX 11050
HATFIELD
PRETORIA
0028
(T) 012 342 8551

APPLICATION TO OPEN AN ACCOUNT AND CREDIT FACILITIES:

FULL REGISTERED NAME OF BUSINESS

PRACTICE NO. / BUSINESS REGISTRATION NO. (compulsory)

DATE BUSINESS ESTABLISHED

VAT REG. #

PERIOD UNDER PRESENT MANAGEMENT

PHYSICAL ADDRESS OF BUSINESS

POSTAL ADDRESS OF BUSINESS

CODE

TELEPHONE NO.

CELL NO. EMAIL ADDRESS

NAMES AND ADDRESSES OF DIRECTORS / MEMBERS / PARTNERS / PROPRIETORS:

1. FULL NAME

   RESIDENTIAL ADDRESS

   IDENTITY NO.

2. FULL NAME

   RESIDENTIAL ADDRESS

   IDENTITY NO.

PROUDLY SOUTH AFRICAN

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CREDIT CARD DETAILS: (OPTIONAL)

CARD NO.

EXPIRY DATE

CVC (LAST 3 DIGITS ON BACK OF CARD)

AUTHORISATION TO DEDUCT MONTHLY PAYMENTS ON CREDIT CARD:

NAME

SIGNATURE

	TRADE REFERENCES		
	Name of Company	**Contact Person**	**Tel No**
1)			
2)			
3)			

TERMS & CONDITIONS:

1. All items are payable within 30 days unless otherwise stipulated in this agreement.
2. 18% interest will be charged on overdue accounts.
3. A final demand or notice will be e-mailed to the account holder with an outstanding account.
4. Inter-Africa Dental reserves the right to withdraw any credit facilities at any time without prior notice, and the nature and extent of such facilities shall at all times be in the company's sole discretion.
5. Inter-Africa Dental must be given 30 days written notice of any address or telephone number changes.
6. Inter-Africa Dental must be given 30 days written notice of any change in ownership of a bussiness / practice.
7. Inter-Africa Dental must be given 30 days written notice where a business / company / practice is sold or closed down, or if the owner is leaving the country.
8. In the event of a business breaching any of it's obligations or failing to timeously make a payment of any amount to the company, the customer agrees to pay, or shall be liable to pay, all legal costs incurred on a scale as agreed between Attorney & Client should the account be handed over for collection.
9. Proof of all payments must be sent to us via email.
10. Consent Clause: I hereby give consent for a credit check to be performed on my personal name.

Documents to accompany your application:

- Copy of your Identification Card, front & back
- Copy of your HPCSA Membership Card, or
  in case of a company, CIPC Company Documents

I, THE UNDERSIGNED, HAVE READ AND UNDERSTOOD THE TERMS & CONDITIONS ABOVE ☐

DATE

SIGNATURE

PROUDLY SOUTH AFRICAN