



INTER-AFRICA DENTAL (PTY) LTD

HEAD OFFICE - PRETORIA
PO BOX 11050
HATFIELD
PRETORIA
0028
(T) 012 342 8551
(F) 087 809 5940

PLEASE ATTACH A SIGNED COPY OF YOUR IDENTIFICATION

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. FAX NO.

CELL NO. EMAIL ADDRESS

VEHICLE REGISTRATION NUMBER

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

1. FULL NAME

RESIDENTIAL ADDRESS

IDENTITY NO.

2. FULL NAME

RESIDENTIAL ADDRESS

IDENTITY NO.



ACCOUNT APPLICATION 2017



CREDIT CARD DETAILS:

CARD NO.

EXPIRY DATE

CVC (LAST 3 DIGITS ON BACK OF CARD)

AUTHORISATION TO DEDUCT MONTHLY PAYMENTS ON CREDIT CARD:

NAME

SIGNATURE

TERMS & CONDITIONS:

1. All items are 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 posted / faxed or sent to any business with an outstanding account on all overdue accounts.
4. The customer will be responsible for any legal fees, should the account be handed over to lawyers for collection.
5. Inter-Africa Dental serves 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.
6. Inter-Africa Dental must be given 30 days written notice of any address or telephone number changes.
7. Inter-Africa Dental must be given 30 days written notice of any change in ownership of a business / practice.
8. 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.
9. Business will be handed over to SADA and HPCSA in the case where an account is overdue.
10. In the event of a business breaching any of it's obligations or failing to timeously make payment of any amount to the company, the customer agrees to pay, or shall be liable to pay, all legal costs incurred by the company on the attorney and collecting charges and tracing agent's fee and retrospectively all accumulated overdue interest which was not charged to the customer by the company.
11. It is the customer / business's own responsibility to make sure that the payments went through the account. Proof of all payments must be faxed through to 087 809 5940 to insure payment was made.
12. I the undersigned understand all the terms and regulations above.
13. Consent Clause: I hereby give consent for a credit check to be performed on my personal name.

I HAVE READ AND UNDERSTOOD THE TERMS & CONDITIONS ABOVE

DATE

SIGNATURE

[CLICK HERE TO SUBMIT](#)

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