SYNERGY PHARMACY

Southern Suburbs

56 Belvedere Road
Claremont 7708
Tel: 021 6717100
Fax: 021 6715325

accounts@synergypharmacy.co.za
Admin Fax: 021 6718218

Megapharm

Shop 23 Tokai Junction
Tokai 7945
Tel: 021 7158745
Fax: 021 7155960

Application for Credit

All accounts are 30 day accounts. For your convenience accounts may be used in either of the above branches. Accounts will automatically be charged to your credit card on the 10th of the month following the statement date. The statement month usually runs from the 18th of each month except in December when it will be in the region of the 13th.

Title

First Names

Surname

ID Number

Marital Status

Home Address

Work Address

Delivery Address

E-Mail address

Statements will be E-Mailed to this address.

Phone Numbers

Cellular

Home

Work

Occupation

Trade References

	Company and Branch	Account Number	Telephone
1			
2			
3			

Credit Card Details (Debit cards are not accepted)

Mastercard ☐ Visa ☐ Amex ☐ Diners ☐

Number ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

3/4 Digit Number on reverse of card ☐☐☐☐

Expiry Date ☐☐ - ☐☐

Card Holders Name

If the cardholder is not the same as the applicant please fill in the section below.

Cardholders Home Address

Cardholders Work Address

Phone Numbers

Cellular

Home

Work

Automatic Monthly Payment

I hereby Authorise Keith Miller CC to debit the above card with the balance owing on my statement on the 10th day of the following month until further notice.

Signature _____ Date _____

Medical Aid Details.

Medical Aid Name

Medical Aid Number

	First Name	Surname	Date of Birth
Main Member			
Dependant 1			
Dependant 2			
Dependant 3			
Dependant 4			
Dependant 5			

Account Usage.

Please list the people entitled to buy from SYNERGY PHARMACY using your account.

General.

I agree to pay any costs involved in the collection of any monies which exceed the credit terms.

Should my credit card be declined for whatever reason I will immediately make payment to SYNERGY PHARMACY in cash or by bank transfer to settle the outstanding amount.

I accept the above terms of credit

I certify that the above information is correct.

Signature _____ Date _____