APPLICATION FOR CREDIT FACILITIES

A copy of your letterhead or business card is required with this application. Please send per fax or email.

Business/ Practice Information

1. Full Registered Name: .....
2. Company Registration No: .....
3. VAT Registration No: .....
4. Practice No: .....
5. Trade Name of Business/Dr: .....
6. Type of Business: Sole Proprietor ☐ Partnership ☐ (Pty) Ltd ☐ CC ☐ Ltd ☐
7. Type of Practice (e.g. Orthodontist, Dentist, etc): .....
8. Names and Addresses of Directors/Members/Partners/Proprietors:

   Full Names (1) .....

   Residential Address .....

   .....

   ID Number .....

   Full Names (2) .....

   Residential Address .....

   .....

   ID Number .....

   Full Names (3) .....

   Residential Address .....

   .....

   ID Number .....

Tel: +27 (0)21 976 5403 | Fax: +27 (0)86 260 2028
Silvana Jooste +27(0)72 650 5111 | Marius Jooste +27(0)82 907 9697
sales@orthoshop.co.za | www.orthoshop.co.za
WhatsApp: +27(0)72 650 5111 / +27(0)82 907 9697 | Skype: orthshop.sales

Contact Details

10. Physical Address: .....

..... Code.....

11. Tel No: Code ..... Number .....

12. Fax No: Code ..... Number .....

13. Cell No: .....

14. Email Address (Practice): .....

15. Email Address (Accounts): .....

Contact Person

16. Accounts Department: .....

Dental Assistant: .....

Receptionist: .....

17. Language of Preference: Afrikaans ☐ English ☐

Banking Details

18. Bank: .....

Account Name: .....

Account Number: .....

Branch Name: ..... Branch Code: .....

Trade References

19. Trade References (Please supply three)

Reference 1
Name: ..... Tel No: .....
Reference 2
Name: ..... Tel No: .....
Reference 3
Name: ..... Tel No: .....

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We/I verify that all the information contained in this document is correct and true, and that We/I am authorised to apply for these credit facilities.

For and on behalf of (Company Name): ……

Please ensure that this form below is signed by the owner or at least one Director or Member of the Company.

Full Name: …… Signature: ……..

ID Number: ……..

Witness
Full Name: …… Signature: ……..

ID Number: ……..

By signing this application for you acknowledge that Orthoshop International's terms is 30 days from date of invoice and you accept the terms and conditions stated below.

If any payment in terms hereof is not made punctually, the full amount payable, together with interest at the rate of 24% per year, calculated from due date until date of final payment, will become due and payable immediately and Orthoshop International will be entitled to institute action without any further notice or demand. In the event that any indebted amount in terms of this agreement remains unpaid for a period of 30 days from date of first liability, Orthoshop International retains the sole and exclusive right, in its sole and absolute discretion, to cede the debt to Van Der Merwe and Robertson or any other registered collections agent, for collection thereof and the client\s will then be liable for payment of the collection cost at a rate of 25% of the handover amount, together with any other legal and collection costs, at a rate as charged on an attorney and own client scale and tracing fees as is allowed in terms of the relevant debt collections and magistrate's court legislation and Orthoshop International shall be entitled at its option to institute any legal or collections proceedings against The Client in any Magistrate's court having jurisdiction in respect of The Client's person, or because the cause of action arose within such court's jurisdiction, notwithstanding that the value of the matter in dispute would otherwise exceed such jurisdiction. For this purpose the client expressly consents to judgement being taken against it by either Orthoshop International, it's collections agent, Van Der Merwe and Roberson – or it's Attorneys as in terms of Section 57 & 58 of the Magistrate's Court Act in the event that the client fails to comply with its obligations as far as payment of any indebted amount is concerned.

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