

Gowrie Pharmacy

Shop 3, Gowrie Avenue, Gowrie Village, Nottingham Road, 3289

Phone: 033 266 6300 Fax: 033 266 6301

Postal Address: P O Box 228, Nottingham Road, 3280

E-mail: gowrie@eastcoast.co.za

Vat No: 4110245844

APPLICATION FOR CREDIT

PLEASE INDICATE YOUR REQUIREMENTS:		YES	NO
PRESCRIPTION ONLY:
GENERAL MEDICATION:
TOILETRIES:

CHILD'S NAME :

NAME OF APPLICANT:

TITLE: FIRST NAME: SURNAME:

MARITAL STATUS:

PHYSICAL HOME ADDRESS:

.....

..... CODE:

HOME TELEPHONE NUMBER :

POSTAL ADDRESS:

..... CODE:

MEDICAL AID DETAILS:

NAME OF MEDICAL AID: OPTION:

MEDICAL AID NUMBER:

MEMBER NAME : INITIALS :

DATE OF BIRTH : DEPENDANT CODE :

CHILD NAME : INITIALS :

DATE OF BIRTH : DEPENDANT CODE :

EMPLOYMENT DETAILS:

SELF: ID NUMBER

NAME OF EMPLOYER:

PHYSICAL HOME ADDRESS:

..... CODE:

POSTAL ADDRESS:

..... CODE:

WORK TEL. NO: CELL NO :

E-MAIL ADDRESS:

POSITION HELD: DATE OF EMPLOYMENT:

EMPLOYMENT DETAILS:

SPOUSE: ID NUMBER

NAME OF EMPLOYER:

PHYSICAL HOME ADDRESS:

.....

..... CODE:

POSTAL ADDRESS:

..... CODE:

WORK TEL. NO: CELL NUMBER:

EMAIL ADDRESS:

POSITION HELD: DATE OF EMPLOYMENT:

DETAILS OF TWO CONTACTS RESIDING ELSEWHERE:

NAME:

NAME:

ADDRESS:

ADDRESS:

.....

.....

..... CODE:

..... CODE:

HOME NO:

HOME NO:

CELL NO:

CELL NO:

EMAIL ADDRESS:

EMAIL ADDRESS:

ACCOUNT REFERENCES:

IN ORDER FOR US TO OPEN THIS ACCOUNT YOU MUST HAVE TRACEABLE REFERENCES.

NAME OF STORE :

NAME OF STORE :

CONTACT NO:

CONTACT NO:

ACCOUNT OPENED:

ACCOUNT OPENED:

PLEASE NOTE THAT ACCOUNTS ARE PAYABLE IN FULL WITHIN 30 DAYS FROM DATE OF STATEMENT. SHOULD AN ACCOUNT EXCEED 30 DAYS INTEREST WILL BE ADDED.

WHERE SHOULD THE ACCOUNT BE POSTED TO : HOME : WORK :

SIGNATURE OF APPLICANT:

DATE:

PLEASE INCLUDE COPY OF MEDICAL AID CARD TOGETHER WITH THIS APPLICATION.