



ACCOUNT APPLICATION FORM

Thank you for your interest in our company and our product range. We would greatly appreciate you taking the time to complete this form for our records.

ACCOUNT NAME

PRACTICE NO. (if applicable)

DELIVERY ADDRESS

 CODE

POSTAL ADDRESS
 CODE

TELEPHONE NO. CODE

FACSIMILE NO. CODE

E-MAIL ADDRESS

CONTACT PERSON

VAT NUMBER

for internal use only

ACCOUNT NUMBER DATE

SALES REP. AREA

Mikamed (Pty) Ltd Ph. (011) 421-6321 Facsimile (011) 422-3648

Bank Details: *Standard Bank Benoni*
Account no. 020982860 Branch code 01304240