



INTEGRAL LABORATORY

CURRENT TERM CREDIT APPLICATION

Kindly complete the following and send back to fax no: 086 535 6325 or e-mail: admin@ibiosure.com

A: GENERAL INFORMATION

Company Name	:		
Trade Name	:		
Postal Address	:		
Physical Address	:		
VAT Number	:		

B: CONTACT DETAILS

Remittance Department

Contact Person	:	Contact person handling the account	
Contact Details	:		
	:		
	:		
	:		
	:		
	:		
Invoices and statement	:		
		Fax: <input type="checkbox"/>	E-Mail: <input type="checkbox"/>

Test Results Notification

Contact Person	:	Contact person will be automatically notified of test results	
Contact Details	:		
	:		
	:		
	:		
	:		
Preferred way of notification	:		
		Tel: <input type="checkbox"/>	Fax: <input type="checkbox"/> E-Mail: <input type="checkbox"/> Cell: <input type="checkbox"/>

Signature

Date

Full Names

Account No

Ref: QF040

Date of Issue: 03.01.2008