

COD (complete section A)

Type of account (please tick the relevant account type required):

## Client take-on Information

Credit (complete sections A, B, C)

Company/ Individual Name	Company registration/ Individual ID number				
VAT Registration number		Illaiviau	ai ib number		
Physical Address					
Postal Address					
Technical/Project Contact Person		Email Address			
Telephone number		Fax num	nber		
Cell number					
Accounts Contact Person		Email Address			
Telephone number		Fax num	nber		
Cell number					
Invoicing Terms	STRICTLY 30 DAYS FROM DATE OF INVOICE (if approved, otherwise COD – in results will be released before payment for COD clients)				
Section B:	1				
	DIF	RECTORS/MEMBERS	DETAILS		
			DETAILS		
Name	Capacity	ID Number	DETAILS	Address	
Name	1	-	DETAILS	Address	
Name	1	-	DETAILS	Address	
Name	1	-	DETAILS	Address	
Name	1	-	DETAILS	Address	
	Capacity	-	DETAILS	Address	
	Capacity	-		Address	
	Capacity	ID Number  TRADE REFERENCE		Address  Credit Limit	Terms
Section C (provide at least	Capacity	ID Number  TRADE REFERENCE	CES		Terms
Section C (provide at least	Capacity	ID Number  TRADE REFERENCE	CES		Terms
Section C (provide at least	Capacity	ID Number  TRADE REFERENCE	CES		Terms
Section C (provide at least	Capacity  2):	ID Number  TRADE REFERENCE	CES I No:		

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Issuing Authority: Quality Manager



## Client take-on Information

## General notes:

- General terms and conditions of service document is available on the BioToxLab website (<u>www.biotoxsa.co.za</u>).
- A sampling guide and the BioToxLab Protection of Personal Information Policy is available on the BioToxLab website (www.biotoxsa.co.za) and a more detailed procedure is available on request.
- This document, together with the general terms and conditions of service as well as the Request for Analysis sheet (available on request or on the BioToxLab website) serves as a contract of service between the parties.
- A general information memorandum will be sent bi-annually to the project manager(s) more detailed and additional information relevant to the services provided by BioToxLab.

I, the undersigned,	(full names) ID number						
<ul> <li>do hereby on be BioToxLab websit</li> </ul>	half of the client accept and	of the CLIENT:  I agree to the Terms and Condi th terms and conditions I acknow and correct.	-				
Dated this	day of	20					
Name:		Signature:					
Type of account approved:	Date	e:	Terms:				
For COD clients note if payment should be made before tests commence or if password protected report to be submitted with invoice following testing.							
Additional Comments	S						

**END OF DOCUMENT** 

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