


	RECORD: QM7.1/R-46 - Client take on/contract		ISO 17025 Clause 7.1
	Compiled By: Lizet Moore	Signature: 	Date Approved: 2021.03.10
	Amended By: Lizet Moore	Signature: 	REV No: 05
	Approved By: Marlise Brown	Signature: 	Page 1 of 2

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

COD (complete sections A, B) <input type="checkbox"/>	Credit (complete sections A, B, C, D) <input type="checkbox"/>
---	--





Section A:

Company/ Individual Name		Company Registration Number/ Individual ID number	
VAT Registration Number			
Physical Address			
Postal Address			
Technical/Project Contact Person		Email Address	
Telephone number		Fax number	
Cell number			
Accounts Contact Person		Email Address	
Telephone number		Fax number	
Cell number			
Invoicing			
Terms	<u>STRICTLY 30 DAYS FROM DATE OF INVOICE (if approved, otherwise COD – no results will be released before payment for COD clients)</u>		

Section B:

<p>Are you aware of any actual, potential or perceived conflicts of interest/impartiality issues related to anyone in your company with BioToxLab? If so, please state the details below. Please also ensure that you inform BioToxLab of any such risks that could arise during the year</p>

Initial.....

	RECORD: QM7.1/R-46 - Client take on/contract		ISO 17025 Clause 7.1
	Compiled By: Lizet Moore	Signature: 	Date Approved: 2021.03.10
	Amended By: Lizet Moore	Signature: 	REV No: 05
	Approved By: Marlise Brown	Signature: 	Page 2 of 2

Section C:

DIRECTORS/MEMBERS DETAILS			
Name	Capacity	ID Number	Address

Section D (provide at least 2):

TRADE REFERENCES			
Name & Address	Tel No:	Credit Limit	Terms

Bank		Branch	
Account Number		Type of Account	
Estimated monthly credit required:		Terms	30 days from date of invoice

I, the undersigned, _____ (full names) ID number _____

in my capacity as _____ of the DEBTOR _____

- Hereby warrant that I am duly authorized by the debtor to make this application on its behalf and that the above information is true and correct
- Do hereby acknowledge and agree that by my signature hereto I bind myself on behalf of the debtor in accordance with the terms and conditions as attached, which I acknowledge having read and understood, as surety and co-principal debtor in solidum with the debtor in favor of the creditor for the due payment by the debtor of all amounts which may now or at any time hereafter become payable by the debtor to the creditor.
- Certify that all information given above is true and correct.

Dated at this _____ day of _____ 20____ Signature: _____

For office use:

Type of account approved:		Date:		Terms:	
---------------------------	--	-------	--	--------	--

Additional Comments

END OF DOCUMENT

Digital Signatures: