

UNITED DISCOUNT CHEMIST

68 Celeber Drive
ANDERGROVE 4740
Ph 4942 4652

CREDIT APPLICATION

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

TELEPHONE NO: _____

CREDIT REFERENCES: 1. _____

2. _____

I AUTHORISE ABOVE CREDIT REFERENCES TO SUPPLY INFORMATION TO THE MDF PHARMACY ABOUT MY CREDIT RECORD UNDER THE PRIVACY ACT.

SIGNATURE: _____

I AGREE TO ABIDE TO THE FOLLOWING CONDITIONS:

ALL MONTHLY ACCOUNTS ARE STRICTLY 30 DAYS.

ANY OVERDUE ACCOUNTS WILL BE LIABLE TO PENALTY INTEREST AT BANK RATES.

SIGNATURE/S: _____
