



SteinMed (Proprietary) Limited
 Reg no: 1970/016316/07 Vat no: 403158408
 Call Center: 086 078 3466 Telephone: 011 394 7074 Fax: 086 550 7778
 4 Spanner Road Spartan - Johannesburg
 P.O Box 487 Isando 1600

MANIFEST / DOC No:	
ACC No:	
ORDER No:	
Profession	

BRANCH NAME:	COMMENCEMENT DATE:	STEINMED REPRESENTATIVE:
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Service Agreement				Initial Period		Renewal	Business Type
Prompted AD-HOC	<input type="checkbox"/>	Fixed Service Periodical	<input type="checkbox"/>	Rental Agreement	<input type="checkbox"/>	Resign	

BUSINESS NAME:	PRACTICE NO:
REG NO:	VAT NO:
TELEPHONE:	FAX:

BILLING ADDRESS:	CONTACT NAME:
	E-MAIL:

SERVICE ADDRESS:	CONTACT NAME:
	E-MAIL:

BUSINESS TYPE: (PTY) LTD SOLE OWNER PARTNERSHIP C C

LANDLORD NAME: _____ LANDLORD TELEPHONE No: _____

OWNER / DIRECTORS / MEMBERS:
 NAME: _____ ID NO: _____
 NAME: _____ ID NO: _____

TRADE REFERENCES:
 NAME: _____ ACC NO: _____ TEL: _____
 NAME: _____ ACC NO: _____ TEL: _____

PRODUCT DESCRIPTION		SERVICE FREQ.	QTY	UNIT PRICE	TOTAL VALUE	COMMENTS
Rental Items	SHARPS BRACKET					
	INFECTIOUS WASTE BIN					
	MEDI-AIR					
	WIPES DISPENSER					
	OTHER					
CATEGORY TOTAL						
Contractual - Comprehensive	SHARPS RECEPTACLE					
	INFECTIOUS WASTE BOX					
	ANATOMICAL RECEPTACLE					
	PHARMA / CHEMICAL					
	OTHER					
CATEGORY TOTAL						
Contractual - PpCkg						
	DESTRUCTION RATE PER KG.					
CATEGORY TOTAL						
Once - off	PEDAL / TOTE / FLIPTOP / WHEELY BINS					
	LINERS					
	OTHER					
CATEGORY TOTAL						

Transport Levy per trip				ALL PRICES EXCLUDE VAT (VALUE ADDED TAX)
Expected delivery date:				

PAYMENT METHOD: DEBIT ORDER EFT DIRECT DEPOSIT

THE CUSTOMER WARRANTS THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT IN ALL RESPECTS AND THAT NO MATERIAL FACTS HAVE BEEN OMITTED WHICH MAY ADVERSELY AFFECT STEINMED AND FURTHER WARRANTS AND ACKNOWLEDGES THAT ALL TRANSACTIONS CONCLUDED WITH STEINMED WILL BE SUBJECT TO STEINMED (PTY) LTD'S STANDARD TERMS AND CONDITIONS PRINTED ON THE OVERLEAF, WHICH THE CUSTOMER ACKNOWLEDGES HAVING READ AND AGREES TO BE BOUND.

Signed at _____ on this the _____ day of _____ 200_____
 Before the undersigned witness.

Name & Identity Number of Signatory: _____ As witness: _____

Designation: _____ STEINMED REPRESENTATIVE: _____

Signature: _____
 For and on behalf of the Customer, being duly authorized hereto For and on behalf of SteinMed management being duly authorized hereto