



CUSTOMER AUTHORITY TO PROCEED

Please return this completed form to Administration via your Electro Systems Representative, Email, Fax or Post

Email | admin-electro@bigpond.com

Fax | (07) 3881 0957

Post | PO Box 2169, Strathpine, Qld 4500

Electro Systems requires all Cash Sale, Non Account Customers or Account Customers unable to provide a Purchase Order number to complete and return this form prior to the commencement of any service work or prior to ordering any stock or non-stock item.

Business Name _____ ABN _____

Physical Address _____

Postal Address _____

Contact Name _____ Contact Position _____

Contact Phone _____ Contact Mobile _____

Contact Email _____

Accounts Email _____

Purchase Order No. _____

Description of work _____

Fixed Quote \$ _____ Estimate \$ _____ Proceed and Charge

PAYMENT METHOD / REQUEST / TERMS

Electro Systems Representative, please select (tick) relevant Payment Method / Request / Terms

NEW CUSTOMER - Field Breakdown Service, Workshop Repair / Service or Materials Order
Payment Prior to or on Completion or if Materials on Pickup / Delivery
VISA / MASTERCARD / CHEQUE / CASH / EFT (Receipt required for EFT)

EXISTING CUSTOMER WITHOUT ACCOUNT - Field Breakdown / Service or Workshop
Repair / Service - Payment Strictly Nett 7 Days
EFT / VISA / MASTERCARD / CHEQUE

CUSTOMER REQUEST FOR CREDIT TERMS – Account Application provided

CUSTOMER UNABLE TO PROVIDE PURCHASE ORDER NUMBER – Terms as per Account

EFT PAYMENT DETAILS Suncorp • BSB 484-799 • Acct # 010970515 • Ref Business Name

ALL VISA AND MASTERCARD PAYMENTS ARE TAKEN OVER THE PHONE

NO SURCHARGE IF NEW CUSTOMER PAYING BY CREDIT CARD FOR THE FIRST TIME

SURCHARGE OF 1% APPLIES TO EX GST AMOUNT ON PAYMENTS MADE BY EXISTING CUSTOMERS WHO CHOOSE TO REGULARLY PAY THEIR ACCOUNT BY CREDIT CARD

I/We, the undersigned give approval to proceed with the work described above. The company and/or Directors or an Individual personally guarantee and agree to pay the amount requested prior to or on completion of the work via the payment method indicated above.

Signatory Name _____ Signatory Position _____

Signature: _____ Date: _____