



ACCOUNT SET UP/CREDIT APPLICATION

Email completed form to:
accounts@gurijalaserVICES.com.au

BUSINESS CONTACT INFORMATION (all fields are compulsory)			
Company Name:			
Trading As:		ABN:	
Street Address:			
City:		State:	Post Code:
Phone:	Fax:	Email:	
Contact Name:		Title:	

INVOICE / STATEMENT DETAILS (all fields are compulsory)				
Invoice Format: (Circle)	Standard (Weekly)	By Location (Weekly)	P/Order (Weekly)	Other _____
Postal Address:				
City:		State:	Post Code:	
Accounts Payable Contact:				
Email:		Phone:		
Would you like to receive your invoice by email?		Yes <input type="checkbox"/> No <input type="checkbox"/>		

BUSINESS/TRADE REFERENCES (all fields are compulsory)		
1. Company Name:		
Phone:	Fax:	Email:
2. Company Name:		
Phone:	Fax:	Email:
3. Company Name:		
Phone:	Fax:	Email:

CREDIT AGREEMENT		
1. All invoices must be paid strictly 7 days from the date of the invoice, unless stated otherwise. 2. All permanent invoices are to be paid within 14 days from the date of invoice, unless stated otherwise. 3. Invoice discrepancies must be referred to Gurijala Services Pty Ltd within seven working days of receipt of invoice. 4. By submitting this application, you authorise Gurijala Services Pty Ltd to obtain information from the business/trade references that you have supplied. 5. By submitting this application, you have authorised Gurijala Services Pty Ltd to automatically charge a credit card once an invoice is 7 days past due date. (1.7% surcharge for use of this facility)		
Card Type: Visa / MasterCard (circle)		Name on Card:
Card Number:	Card Exp Date:	CCV Number:

Signature:	Position:
Name:	Date:
Gurijala Representative:	