



# CUSTOMER AUTHORITY TO PROCEED

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

Email | [admin@electrosystems.com.au](mailto:admin@electrosystems.com.au)  
Phone | (07) 3881 0956  
Postal | PO Box 2169, Strathpine, Qld 4500

Electro Systems requires all New Customers to complete and return this form prior to the commencement of any service work or prior to ordering any stock or non-stock item.

**If Purchasing Order Number system used, please provide Purchase Order Number :**

**PUCHASE ORDER NUMBER** \_\_\_\_\_

Business Name \_\_\_\_\_

ABN \_\_\_\_\_

Physical Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Position \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Mobile \_\_\_\_\_

Contact Email \_\_\_\_\_

Accounts Email \_\_\_\_\_

Description of work \_\_\_\_\_

## WELCOME / TERMS

Welcome to Electro Systems. We appreciate the opportunity to work together in providing your electrical solutions and we look forward to building a mutually beneficial long term relationship.

In establishing that relationship the following terms are offered :

First project / initial job – This will be quoted and upon payment the work will commence.

Second project / job - Terms 7 Days Nett will be offered.

Ongoing projects / jobs - If the 7 Day payment has been prompt and within payment terms the New Customer will be offered a 30 Day Account on completion of a successful Credit Application

## **PAYMENT BY EFT**

**Suncorp • BSB 484-799 • Acct # 010970515 • Ref Business Name or Invoice #**

*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.*

Name \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_