CAD-CAM ORTHOTICS

Computer Aided Design -- Computer Aided Manufacture

GMZ MEDICAL PTY. LTD.
A.B.N. 64 668 777 919
Trading as Cad-Cam Orthotics

Ph. (08) 7127 8471 Fax. (02) 8244 1945 39 PHILLIPS ST, THEBARTON SA 5031

ACCOUNT DETAILS FORM

NAME OF PRACTICE	
ABN	
DELIVERY ADDRESS	Street Suburb / P/Code
STAFFED HOURS TO RECEIVE DELIVERIES (e.g. Mon - Fri, 8am to 4pm)	

If left blank, Monday to Friday, 9am - 5pm is assumed. For non South Australian domestic customers, all deliveries with our preferred supplier (StarTrack) require a signature on delivery

Please advise if your delivery address is not always staffed and alternate freight will be used. If delivering to a PO Box or a home address, Australia Post - Express Post will be used

PHONE	( )
FAX	( )
EMAIL	
PODIATRIST NAME	
PODIATRIST MOBILE NO.	

Please provide your mobile number so we can contact you promptly if there any issues.

BILLING ADDRESS (if not same as above)	Street Suburb / P/Code
ACCOUNTS PAYABLE CONTACT	
ACCOUNTS PAYABLE PHONE	( )
ACCOUNTS PAYABLE FAX	( )
ACCOUNTS PAYABLE EMAIL	

Statements & invoices will be emailed to this address unless otherwise specified

Payment Terms are strictly **30** Days from date of invoice.

Accounts in arrears over **60** days from date of invoice will not have orders fulfilled until back in terms.

Please note: Invoices are issued twice a month, on the 15th and the last working day of each month.

I / WE UNDERTAKE TO ADHERE TO THE ABOVE TERMS

Should we default on any debt and it be necessary for GMZ Medical Pty. Ltd. to engage a collection agency service, we will be responsible for all costs incurred, including commissions and legal costs.

1. PRINCIPAL OFFICER, PARTNER/DIRECTOR SIGNATURE

Name Signature Title

2. OTHER PARTNER/DIRECTOR SIGNATURE

Name Signature Title

DATE.....

When completed, please email to finance@gmzmedical.com, thank you.