***Please send completed form to*** [*sales@shlix.com.au*](mailto:sales@shlix.com.au) **Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Trading Name: | Company Name: | | ABN / ACN: |
|  |  | |  |
| Address: | Suburb: | | State & Postcode: |
|  |  | |  |
| Key Contact Name & Title: | Email: |  | Phone: |
|  |  | |  |
| Accounts Contact Name: | Email: | | Phone: |
|  |  | |  |

**Delivery Details**

|  |  |  |
| --- | --- | --- |
| Site Address: | Suburb: | State & Postcode: |
|  |  |  |
| Site Phone: | Chef Name: | Operating hours of business: |
|  |  |  |
| Specific delivery instructions (including loading dock, height restrictions, gate / access codes and location of freezer): | | |
|  | | |

**Payment Options**

**[Default] Cash on Delivery (COD) or EFT on Delivery**

Account Name: JIL Group Pty Ltd

BSB: 084-004

Account Number: 9824 9890 0  
Reference: [Your Business Name] or [Invoice number]

**Credit Card on file. Charged automatically after delivery**

For easy payment, please complete authorisation below for your credit card to be automatically charged on the day of delivery. Credit card details are managed on our secure system.

|  |  |  |  |
| --- | --- | --- | --- |
| Name on Card | Card Number | Expiry | CVC |
|  |  |  |  |
| Signed: | | Date: | |
|  | |  | |

**Credit Account – 7 Days**

Please complete credit application on the next page.

|  |  |  |
| --- | --- | --- |
| **Credit Application for Trade Account** (Only fill below section if applying for a credit account. All accounts are pre-paid by default) | | |
| **Business and credit information** | | |
| Credit Limit Required (max $1000): | | | |
| Registered company address: | | | |
| Bank name & Branch: | | |
| BSB: | | Account Number: |
| **Business/trade references (at least 2)** | | |
| Reference Company 1: | Reference Company 2: | |
| Contact name: | Contact name: | |
| Phone: | Phone: | |
| E-mail: | E-mail: | |
| **Agreement** | | |
| 1. Payment Terms: 7 days from invoice date. 2. Any claims arising from invoices must be made within 1 working day of receipt of invoice. 3. By submitting this application, you authorise JIL Group Pty Ltd T/A Shlix Gelato to make inquiries into the banking and business/trade references that you have supplied.   I certify that the above information is true and correct, and I am authorised to make this application for credit. | | |
| **Signature(s)** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Title:  Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name:  Title:  Date: | |