

Date: 27 Jun 2015 Created By: Drew Dickens Branch: Virginia, QLD ETD

Ref NCON38012-1 Tax Invoice No 5809

Customer Ref

Customer:

ATTN: Nicholas Conroy 167 Allens Rd Peak Crossing 4306 QLD

QLD

Phone: 0429 069 904

Ship To:

ATTN: Nicholas Conroy 167 Allens Rd Peak Crossing 4306 QLD

	1 Horie. 0429 009 904							
Image	Code	Item	Options	Qty	Disp. Qty	Unit Price	Unit Discount	(AUD) Sub Total
() introd	YA- RXA2040BT	Yamaha AV RECEIVER RXA2040BT Serial(s) , 21Y035674SU		1	1	\$2,399.00	\$241.50	\$2,157.50
2 19	AL-A3021A	Altronics 2 Way Switch Box Speaker A3021A		1	1	\$25.00	\$12.50	\$12.50
				Product Cost:				\$2,170.00
				Surcharge:			\$0.00	
				Delivery Details:		\$0.00		
			•	Sub Total:		\$2,170.00		
				GST:		\$197.28		
				Tax Invoice Total:		otal:	(AUD)	\$2,170.00

 Payments
 Method
 Ref
 Amount
 Total Paid:
 (AUD) \$2,170.00

 19 Jun 2015
 Cash
 \$2,170.00
 Outstanding:
 (AUD) \$0.00

Bank Details:

CBA

Account name:

Account Number:

Guleo Pty Ltd T/as Todds Hi Fi

064-133 10264066

Todds Hi Fi

www.todds.com.au ABN Number 15 571 721 561 **Tingalpa Store**

1/308 New Cleveland Road, Tingalpa, QLD 4173, Australia 07 3907 7778 tingalpa@todds.com.au Virginia Store

CNR Sandgate & Pritchard Rds Virginia QLD, 4014, Australia 07 3637 5777 virginia@todds.com.au

TODD'S USE ONLY						
Customer Code						
Salesperson						
Order Number						



System Supply Agreement

THIS AGREEMEI BETWEEN: GULI Road, Tingalpa QI	EO PTY LIM		Fi ABN 1	5 57 ⁻	1 721 5	61 of 1/308 New Cleveland	
AND: Customer N	lame						
Of Address							
I enter into this Agre	eement with To	odd's Hi Fi on the terr	ns and con	dition	ns conta	ained herein and overleaf.	
TOTAL Price	Inc GST	<u>\$</u>					
Deposit	\$						
Payment Inc GST	\$		due	/	/20	(Minimum 3 days prior install)	
Payment Inc GST	\$		due	/	/20	(On day of Install after sign off)	
**Handover of system/	controls to occur o	nce all payments have be	en finalised.				
SIGNED by Owne	r of Property:						
Name:		Sign:			Witness	s:	
SIGNED by TODI)'S Hi Fi:						
Name:		Sign:	• • • • • • • • • • • • • • • • • • • •		Witness	S:	
Credit Card Autho	rization						
Account Type:	☐ Visa	☐ MasterCard	□ AI	MEX	(Subjec	t to 1.9% Surcharge)	
Cardholder Name							
Account Number Expiry Date							
SIGNATURE DATE							

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for the terms stated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

www.Todd's.com.au • sales@Todd's.com.au

1/308 New Cleveland Rd, Tingalpa QLD 4173 Phone 07 3907 7777 • Fax 07 3390 7128 • Email tingalpa@Todd's.com.au

Cnr Sandgate & Pritchard Rds, **Virginia** QLD 4014 Phone 07 3637 5777 • Fax 07 3865 7504 • Email virginia@Todd's.com.au



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