

Company Name

Legal Entity

ABN

ACN

GST Status Registered
Unregistered

Licence/Registration

Licence/Registration

Sole-Trader

Partnership/Company/Trust - please attach copy of workers compensation certificate

Public Liability Yes - please attach copy of current insurance policy
No

Unit/Street No.

Street

Suburb

State

Postcode

Telephone

Fax

Email Work Orders

Email Remittance

Name of Bank

Account Name

Account Number

BSB

I declare the above information is true and correct

Signature

Date

Name

Position