MULTI PURPOSE FORM

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| **THIS FORM IS A (√ Most Suitable)** 🞏 **QUOTATION** 🞏 **WORK AUTHORISATION** 🞏 **VARIATION** 🞏 **JOB COMPLETION** |
|  |
| **DATE:** | **REF. No.** |
|  |
| **Client’s Details:** 🞏 Individual 🞏 Sole Trader 🞏 Trust 🞏 Partnership 🞏 Company 🞏 Other: |
| Full or Legal Name: | ABN/ACN: | Date of Birth: |
| Trading Name (if applicable) | ID (Driver’s Licence, Passport, etc.): |
| Physical Address:  | State: | Postcode: |
| Billing Address:  | State: | Postcode: |
| Email Address:  | Phone No: |
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| **DETAILS OF MATERIALS TO BE SUPPLIED / WORKS TO BE PROVIDED** | **QUANTITY** | **PRICE $ *(excl. GST)*** |
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| **TOTAL PRICE $ *(excl. GST)*** |  |
| Commencement / Delivery Date: | **VARIANCE $ *(plus/minus) – if variation*** |  |
| Costs of Delivery are: 🞏 included in the Price | **GST $** |  |
| Completion Date: | **TOTAL PRICE $ *(incl. GST)*** |  |
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| Payment Terms are:  |
| Payment Method: 1. Electronic or telegraphic transfer

Payment should only be made to: NO LEAKS PLUMBING BSB: 012 633 A/C No: 268262327 Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Credit Card Details:  Mastercard  Visa  AmexCard No:     Expiry Date: / Amount to be charged $ .Cardholders Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Card Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **IF A QUOTATION: THIS QUOTATION REMAINS VALID FOR 30 DAYS FROM THE ABOVE DATE AFTER WHICH A REVISED QUOTATION MAY BE NECESSARY. ANY VARIATION TO THE ABOVE QUANTITIES OR REQUESTED WORKS MAY RESULT IN A VARIATION TO THE QUOTED PRICE.****IF A JOB COMPLETION: I/WE ACKNOWLEDGE THAT THE WORKS NOTED ABOVE HAVE BEEN COMPLETED TO MY/OUR SATISFACTION.** |

If a Quotation or a Variation: by signing below I acknowledge that I am accepting the same. If a Work Authorisation: I sign as acknowledgement that I authorise the Works specified above to proceed. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of NO LEAKS PLUMBING which form part of, and are intended to be read in conjunction with this Multi Purpose Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client’s obligations under this contract.***

SIGNED (**CLIENT**): Name: Date:

SIGNED **(CONTRACTOR):** Name: Date: