DO AND CHARGE FORM

***NOTE: This form is not suitable for use where a Residential Contract is required by State Legislation.***

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| --- | --- | --- | --- |
| **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** | | | |
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| **CLIENT REQUESTED THE ABOVE MATERIALS AND/OR WORKS BY: PHONE / EMAIL / MAIL / IN PERSON** | | | |

I have authority to order the above Materials and/or Work. 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 Do and Charge 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 or a 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:

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| --- | --- | --- | --- | --- |
| **MATERIALS** | **QTY** | **Cost $ *(per item)*** | **Amount $ *(excl. GST)*** | |
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| **TOTAL MATERIALS $ *(excl. GST)*** | | |  |  |
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| **LABOUR** | **HRS** | **Rate $ *(per hour)*** | **Amount $ *(excl. GST)*** | |
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|  |  |  |  |  |
| **TOTAL LABOUR $ *(excl. GST)*** | | |  |  |
|  | | | | |
| **SUNDRIES** | | **Cost $ *(per item)*** | **Amount $ *(excl. GST)*** | |
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| **TOTAL SUNDRIES $ *(excl. GST)*** | | |  |  |
|  | | | | |
| **SUBTOTAL $ *(excl. GST)***  **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| **GST $** | | |  |  |
| **GRAND TOTAL $ *(incl. GST)*** | | |  |  |

2. Credit Card Details:  Mastercard  Visa  Amex

Card No:     Expiry Date: / Amount to be charged $ .

Cardholders Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_