Work Approval Form

CUSTOMER'S LEGAL NAME: ..... DATE: .....

CUSTOMER'S TRADE NAME: ..... REFERENCE No: .....

Phone: ..... Fax: .....

Mobile: ..... Email: .....

BILLING ADDRESS: ..... PHYSICAL ADDRESS: .....

....

STATE: ..... POSTCODE: ..... STATE: ..... POSTCODE: .....

DETAILS OF WORK TO BE UNDERTAKEN

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START DATE: ... **COMPLETION DATE:** .

PAYMENT TERMS ARE 7 DAYS FROM THE DATE OF THE INVOICE OTHERWISE PAYMENT TERMS ARE: .....

Household removals - COD 2.5% surcharge credit card surcharge

I authorise the work detailed above and certify that the above information is true and correct. I authorise the use of my personal information as detailed in the Privacy Act clause overleaf. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf) of ..... which form part of, and are intended to be read in conjunction with this Work Approval Form and agree to be bound by these conditions. ***I agree that if I am a director or a shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.***

CONTRACTOR TO SIGN

SIGNED: .....

Name: .....

Date: ____ / ____ / ____

CUSTOMER TO SIGN

SIGNED: .....

Name: .....

Date: ____ / ____ / ____

Wards Removals & Storage Pty Ltd ABN:98 164 996 034
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