

CONTRACTOR INFORMATION FORM



COMPANY DETAILS

Company Name:	
ABN:	
Registered for GST?	Yes / No
Street Address:	
Suburb:	
Post Code:	
Postal Address (if different from above)	

PRIMARY CONTACT (Work Order Dispatch)

Phone (business hours)	
Phone (after hours)	
Mobile:	
Fax:	
Email:	

PRIMARY CONTACT (Work Order Escalation)

Phone (business hours)	
Phone (after hours)	
Mobile:	
Fax:	
Email:	

HOURS OF OPERATION

Monday - Friday	
Weekends	
After Hours Service Provided?	Yes / No

SCHEDULE OF RATES (All costs must be shown as exclusive of GST)

TYPE	CONDITIONS	RATE
Hourly Rate (business hrs)		
Service Call Fee (business hrs)		
Hourly Rate (after hrs)		
Service Call Fee (after hrs)		
Subcontractor Mark Up		
Travel Fee (metro)		
Travel Fee (rural)		
Mark Up (materials)*		
*if applicable		

SCOPE OF SERVICES & LICENCES

(if licences are required for the trade / services provided, please supply a copy when submitting this agreement)

TYPE / SERVICE	LICENCE CLASS	LICENCE NUMBER

WORKPLACE / OCCUPATIONAL HEALTH & SAFETY COURSES

(Please complete below the details of any Workplace / Occupational Health & Safety courses completed as a legal requirement under any Commonwealth, State of Territory Law as being necessary in order to carry out any services)

COURSE NAME	RENEWAL DATE	CERTIFICATE NO.
OH & S White Card		
JLL Induction		
First Aid		

INSURANCES (ie Public Liability, Workers Compensation etc)

Type	
Insurer	
Limit of Cover	
Policy Number	
Expiry Date	
Type	
Insurer	
Limit of Cover	
Policy Number	
Expiry Date	
Type	
Insurer	
Limit of Cover	
Policy Number	
Expiry Date	

WARRANTY PERIODS

Please specify below the warranty period applying to Services and / or goods used in the supply of the services as provided by the Contractor in accordance with this Agreement

Materials (months)	
Labour (months)	
Appliances	

ELECTRONIC FUNDS TRANSFER AUTHORISATION

This information will be kept private and confidential

Bank Name:	
Bank Account Name:	
BSB Number:	
Bank Account Number:	

ACKNOWLEDGEMENT

I / we on behalf of the Contractor, hereby certify that the above information is correct and authorise TOTAL INSTALL PTY LTD to pay all monies directly into the Bank Account specified above

Name:	
Title:	
Signature:	