

Contractor Information

Business Name: _____

ABN: _____ Licence number: _____
(if applicable)

Address: _____

Contact person: _____

Work Ph: _____ Mobile: _____

Email: _____

Hourly rate: _____

Willing to travel? Yes No

If yes;

- how far are you willing to travel: _____
- what/how do you charge for travel: _____

Scope of work: _____

References

Name: _____

Contact Number: _____

Name: _____

Contact Number: _____

I do not have a criminal record as disclosed on a National Police Certificate.

Signature: _____