

Work Approval Form / Quotation



CLIENTS LEGAL NAME:	DATE:
CLIENT'S TRADING NAME:	REF No:

Phone:	Fax:
Mobile:	Email:
Billing Address:	Physical Address:
State:	State:
Postcode:	Postcode:

DETAILS OF WORK TO BE UNDERTAKEN:
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START DATE:	COMPLETION DATE:
PAYMENT TERMS ARE 14 DAYS FROM THE DATE OF INVOICE OTHERWISE PAYMENT TERMS ARE:	

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 Riordans Consulting Surveyors Pty Ltd 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 Client I shall be personally liable for the performance of the Client's obligations under this contract.*

All hard copy documents, reports and plans will be kept for a period of 7 years, after which time they will be destroyed. Electronic copies will be retained and available at archive retrieval rates current at the time of retrieval request. Clients are encouraged to maintain their own hardcopies of all survey documents issued.

CONSULTANT SIGNATURE	CLIENT SIGNATURE
SIGNED: _____	SIGNED: _____
NAME: Anthony Riordan	NAME:
DATE:	DATE:

PLEASE COMPLETE, SIGN AND RETURN TO:

Riordans Consulting Surveyors Pty Ltd ABN 54 055 030 576
PO Box 4053, Goonellabah NSW 2480
Ph (02) 6622 2112 - Fax (02) 6622 2107
info@surveyor.com.au