



# Services Approval Form

CLIENT'S LEGAL NAME: ..... DATE: .....

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

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

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

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

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

**DETAILS OF SERVICES TO BE UNDERTAKEN** **PRICE \$**

.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

TOTAL PRICE \$ (Exc GST) .....

GST .....

TOTAL PRICE \$ (Inc GST) .....

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

**NOTE: THE FINAL PRICE CAN ONLY BE ASCERTAINED UPON COMPLETION OF THE SERVICES.**

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 of CBox Pty Ltd which form part of, and are intended to be read in conjunction with this Services 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.***

**AGENT TO SIGN**

SIGNED: .....

Name .....

Date .....

**CLIENT TO SIGN**

SIGNED: .....

Name: .....

Date: .....