BH Plumbing ABN 75 110 015 873

PAUL TURNER PLUMBING

Licence No. 31748

PO Box 2531, Ballarat MC VIC 3354
Ph (03) 5331 8200 - Fax (03) 5331 8422

WORKS QUOTATION FORM

DATE: _____ QUOTE No. _____

CUSTOMER'S TRADE NAME: _____

CUSTOMER'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Billing Address: _____ Physical Address: _____

_____ _____

State: _____ Postcode: _____ State: _____ Postcode: _____

DETAILS OF WORK TO BE UNDERTAKEN	**PRICE $ (Exc GST)**

TOTAL PRICE $ (Exc GST) _____

GST _____

TOTAL PRICE $ (Inc GST) _____

START DATE: _____ **COMPLETION DATE:** _____

PAYMENT TERMS ARE: _____

THIS QUOTATION REMAINS VALID FOR 30 DAYS FROM THE ABOVE DATE AFTER WHICH A REVISED QUOTE MAY BE NECESSARY. ANY VARIATION TO THE ABOVE QUANTITIES MAY RESULT IN A VARIATION TO THE QUOTED PRICE.

I accept this quotation and certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of BH Plumbing Pty Ltd T/A Paul Turner Plumbing which form part of, and are intended to be read in conjunction with this Quotation Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***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.***

SIGNED (CONTRACTOR): _____ **SIGNED (CUSTOMER):** _____

Name: _____ Name: _____

Position: _____ Position: _____

WITNESS TO CUSTOMERS SIGNATURE:

Signed: _____ Name: _____ Date: _____

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