



PO BOX 6899 GCMC 9726 PH: 07 5568 0790

EMAIL: admin@actiondata.net

**WORK AUTHORISATION FORM**

**Customer Billing Details**

**Job Details**

\* Must be completed

* Billing Name	Job Address:
* Att:	
* ABN	Building Name:
* Address:	
	Purchase order Number:
* Postal Address:	
	Access:
* Mobile:	
* Phone:	On Site Contact & telephone number:
* Email:	
* Fax Number:	

**Details of Work Requested:**


\* **AUTHORITY:** As the Customer I authorise Action Data & Communications to perform the above requested work.

\* **MEANS AND ABILITY:** I the Customer warrant that I have the present and future ability to pay for all costs incurred, including labour, parts and materials, upon completion of the above mentioned work.

\*\*\* **Service call is \$142.50 + g.s.t (1<sup>st</sup> hour) and \$95.00 + g.s.t there after charged in 15 minute intervals, including travel time**

\*\*\* **The above rates do not apply to after hour call outs**

\* **CUSTOMER SIGNATORY DETAILS:**

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE: FORM MUST BE RETURNED PRIOR TO THE COMMENCEMENT OF WORKS  
ANY DEPOSITS DUE, MUST BE PAID BEFORE ANY GOODS WILL BE ORDERED  
OR WORKS COMMENCED**