

PO BOX 6899 GCMC 9726 PH: 07 5568 0790 EMAIL: admin@actiondata.net WORK AUTHORISATION FORM

Customer Billing Details

Job Details

* Must be completed

· IVIUS	t de 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:	
Detai	ils of Work Requested:	
*	AUTHORITY: As the Customer I a	uthorise 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.	about, parts and materials, upon completion of the abov
***	Service call is \$142.50 + g.s.t (1st hour) and \$95.00 + g.s.t there after charged in 1	
	minute intervals, including travel t	
***	The above rates do not apply to after hour call outs CUSTOMER SIGNATORY DETAILS:	
	CUSTOMER SIGNATORY DETA	ILS:
	Company Name:	
	Name:	
	Position:	
	Contact Phone Number:	

NOTE:

Signature: ______Date: ______Date: ______

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