

Works Quotation Form

CLIENT'S LEGAL NAME: DATE:

CLIENT'S TRADE NAME: QUOTE No:

Phone: Fax:

Mobile: Email:

BILLING ADDRESS: PHYSICAL ADDRESS:

STATE: POSTCODE: STATE: POSTCODE:

DETAILS OF WORK TO BE ACTIONED
PRICE \$ (Exc GST)

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TOTAL PRICE \$ (Exc GST)

GST

TOTAL PRICE \$ (Inc GST)

START DATE: **COMPLETION DATE:**

PAYMENT TERMS ARE 7 DAYS FROM THE DATE OF THE INVOICE OTHERWISE 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 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 Blacklink Logistics Pty Ltd which form part of, and are intended to be read in conjunction with this Works Quotation 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
CLIENT TO SIGN

SIGNED: SIGNED:

Name: Name:

Date: Date: