

TLC Spray Painting DO & CHARGE FORM

DATE: _____ QUOTE No. _____

CLIENT'S TRADE NAME: _____

CLIENT'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Billing Address: _____ Physical Address: _____

_____ State: _____ Postcode: _____

DETAILS OF MATERIALS TO BE SUPPLIED / SERVICES TO BE PROVIDED

CLIENT REQUESTED THE ABOVE MATERIALS AND/OR SERVICES BY: PHONE / FAX / EMAIL / MAIL / IN PERSON / VIA WEBSITE

I agree that I have ordered the above materials and/or services. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Tracy McGarry T/A TLC Spray Painting which form part of, and are intended to be read in conjunction with this Do & Charge 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 Client I shall be personally liable for the performance of the Client's obligations under this contract.***

<p>SIGNED (CLIENT):</p> <p>_____</p> <p>Name: _____</p> <p>Position: _____</p> <p>ID: _____ Date of Birth: _____</p> <p>(Driver's Licence, Passport, etc.)</p>	<p>SIGNED (WITNESS TO CLIENT'S SIGNATURE):</p> <p>_____</p> <p>Name: _____ Date: _____</p> <p>Address: _____</p> <p>_____ State: _____ Postcode: _____</p>
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SIGNED (TLC): _____ Name: _____ Date: _____

WORK UNDERTAKEN BY: (Name:) _____ LICENCE NUMBER: (If Applicable): _____

MATERIALS	QTY	\$ Cost per item	AMOUNT
		TOTAL MATERIALS \$	

LABOUR	HRS	\$ Rate per hr	AMOUNT
		TOTAL LABOUR \$	

SUNDRIES	\$ Cost	AMOUNT
		TOTAL SUNDRIES \$
		SUB TOTAL
		GST

Note: This form is not suitable for use where a Domestic/Residential Contract is required by State Legislation.

Tracy McGarry T/A TLC Spray Painting ABN 21 851 212 838
40/7 Salisbury Road, Castle Hill NSW 2154 - Ph 0400 400 087 - Fax (02) 9634 4623
Email tlmc8@bigpond.com

«CustomerName»

GRAND TOTAL		
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