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## CONTRACTORS REGISTRATION

CONTACT NAME:..... MOBILE PH:.....

**PLEASE CIRCLE STRUCTURE APPLICABLE:**

COMPANY                      PARTNERSHIP                      SOLE TRADER

TRADING NAME..... ACN..... ABN:.....

ADDRESS:.....

PHONE:..... FAX:..... EMAIL:.....

**INSURANCE**

**WORKERS COMPENSATION:**

COMPANY..... POLICY NUMBER..... EXPIRY / /

**PUBLIC LIABILITY:**

COMPANY..... POLICY NUMBER..... EXPIRY / /

**INCOME PROTECTION:**

COMPANY..... POLICY NUMBER..... EXPIRY / /

**VEHICLE INSURANCE:**

COMPANY..... POLICY NUMBER..... EXPIRY / /

**PLEASE PROVIDE A COPY OF PUBLIC LIABILITY AND INCOME PROTECTION CERTIFICATES**

BSA LICENCE #..... BLUECARD #.....

VEHICLE REGISTRATION NUMBER..... VEHICLE TYPE:.....

**BANK ACCOUNT DETAILS FOR DIRECT DEPOSIT:**

BANK NAME:..... ACCOUNT NAME:.....

BSB:..... ACCOUNT NUMBER:.....

THE SIGNATURE HEREUNDER ON BEHALF OF THE ABOVE TRADING ENTITY DENOTES AGREEMENT WITH THE FOLLOWING CONDITIONS:-

- CONTRACTORS AGREE TO COMPLY WITH 'WORK METHOD STATEMENTS' PROVIDED
- CONTRACTORS AGREE WITH THE RATES SCHEDULE PROVIDED
- CONTRACTORS ARE ABLE TO EMPLOY OTHERS TO CONDUCT WORKS
- CONTRACTORS ARE RESPONSIBLE TO ATTAIN INDUSTRY STANDARDS
- CONTRACTORS WILL RECIFY NON TRADESMAN LIKE WORK AT THE CONTRACTORS EXPENSE
- CONTRACTORS TO INVOICE FOR CHARGES IN EXCESS OF THE PAYMENT VOUCHER (P.V.) PROVIDED

NAME OF CONTRACTOR..... SIGNATURE..... DATE: / /

NAME OF WITNESS..... SIGNATURE..... DATE: / /