advanced buildings

BUILDING AND RESTORATION PTY LTD

Subcontractor Application Form

Business Name:		
A.B.N.:	GST registered: Yes: No:	A.C.N.:
Contact Name:		
Compulsory Safety Awareness Training Card No:	State issued:	Date issued:
Trade Type:	Licence #:	State Issued:
City/Suburb:	State:	Postcode:
Postal Address:		
City/Suburb:	State:	Postcode:
Work Phone:	Work Fax:	
Mobile:	Home Phone:	
Email:	Website:	
Available for after hours emergency 'make safe' work to secure damaged properties,	Yes:	No

Workers Compensation Insurance

Insurance Company:	
Policy No:	Expiry Date:

Public Liability Insurance

Insurance Company:	
Policy No:	Expiry Date:

Bank Details

BSB No:	Account No:
Account Name:	
Bank Name:	