

Work Authorisation Form

Consumer Work over \$3,300

QUOTE NUMBER _____ DATE _____	TOTAL _____
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CUSTOMER DETAILS

Full Name(s) and Date of Birth(s) _____

Site Address _____

Lot Number _____ RP _____ Local Authority _____

(From the Rates Notice)

Private Address (If different from above) _____

Phone Number _____ Fax _____

Mobile Number _____ Email _____

Resident Owner (Please circle applicable) YES NO

Details: As per Quote No _____

<input type="checkbox"/> RE-ROOFING/NEW ROOFS <input type="checkbox"/> Colorbond Colour _____ <input type="checkbox"/> Zinalume <input type="checkbox"/> Trim Dek <input type="checkbox"/> Corrugated <input type="checkbox"/> Klip Lok <input type="checkbox"/> Metal Battens <input type="checkbox"/> Safety Battens <input type="checkbox"/> Safety Wire <input type="checkbox"/> Other _____	<input type="checkbox"/> GUTTERING/FASCIA/ RE-GUTTERING <input type="checkbox"/> Colorbond Colour _____ <input type="checkbox"/> Zinalume Colour _____ Type <input type="checkbox"/> 150mm Quad <input type="checkbox"/> 175mm Quad <input type="checkbox"/> Square Line Gutter <input type="checkbox"/> Other Number of new Downpipes _____ <input type="checkbox"/> Type PVC Metal <input type="checkbox"/> Zinc <input type="checkbox"/> Colorbond Colour _____ <input type="checkbox"/> Fascia Colorbond Colour _____ <input type="checkbox"/> Zinc <input type="checkbox"/> Other _____	<input type="checkbox"/> GENERAL <input type="checkbox"/> Insulation (Building Blanket) <input type="checkbox"/> 75mm <input type="checkbox"/> Vacuuming <input type="checkbox"/> Spray Seal <input type="checkbox"/> Whirly Bird(s) <input type="checkbox"/> Mill finish <input type="checkbox"/> Colorbond <input type="checkbox"/> Awnings / Hoods <input type="checkbox"/> Repairs <input type="checkbox"/> Other _____
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COLORBOND COLOURS				
Night Sky	Paperbark	Pale Eucalypt	Manor Red	Surfmist
Jasper	Ironstone	Gully	Dune	Woodland Grey
Cove	Shale Grey	Mangrove	Cottage Green	Monument
Classic Cream	Windspray	Evening Haze	Deep Ocean	Wallaby
Basalt	Terrain			

Number of days required to complete the works _____ from start date

PAYMENT DETAILS (Please select payment method)

CASH CHEQUE EFT

Electronic Funds Transfer Account Name: Jones Roofing

Bank: ANZ BSB: 014 249 Account Number: 400129567

CREDIT CARD (Note: A 2% surcharge applies) Mastercard Visa

Card Number Expiry Date _____

Cardholder's Name _____ Cardholders Signature _____

PAYMENT PROVISIONS

1. By law, the deposit is 10% if the contract price is under \$20,000, or 5% if the price is \$20,000 or more.
2. The contract price may vary as specified in the Terms and Conditions of Trade, clauses 2.2, 3.1 and 7.1.

DESIGNATED STAGED PAYMENT

DESCRIPTION OF STAGE	% OF CONTRACT PRICE	VALUE
DEPOSIT 10% (or 5% if price is over \$20,000)		
MATERIALS ON SITE 40%		
BALANCE ON COMPLETION		
TOTAL	100%	\$

THIS CONTRACT IS SUBJECT TO A COOLING OFF PERIOD OF FIVE (5) BUSINESS DAYS, UNDER SECTION 72 OF THE DOMESTIC BUILDING CONTRACT ACT 2000, A COPY OF WHICH IS ATTACHED. THE STATUTORY WARRANTIES UNDER THE DOMESTIC BUILDING CONTRACT ACT 2000 ARE ATTACHED FOR YOUR REFERENCE.

CUSTOMER AGREEMENT (Signed by Authorised Signatory/ies)

1. I/We hereby authorise Jones Roofing to carry out the Works as set out on page 1 of this document
2. I/We have received a Contract Information Statement.
3. I/We have provided Jones Roofing with all applicable drawings duly signed and dated. I/We have read in conjunction with this Work Authorisation Contract, Jones Roofing's Terms and Conditions of Trade. I/We understand and agree to both documents.
4. Once your deposit has been received, your work authorisation form will be forwarded to you along with an indication of when the work will be starting.

Signature(s) _____

Full Name(s) _____

Date _____

CONTRACTOR ACKNOWLEDGEMENT (Signed by Authorised Signatory)

Signature _____ Date _____

Full Name _____ Position _____