

# Work Authorisation Form

## Consumer Work under \$3,300

QUOTE NUMBER _____	DATE _____	TOTAL _____
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### CUSTOMER DETAILS

Full Name(s) \_\_\_\_\_

Site Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Mobile Number \_\_\_\_\_ Email \_\_\_\_\_

Resident Owner (Please circle applicable)      YES      NO

Private Address (If different from above) \_\_\_\_\_

Details: As per Quote No \_\_\_\_\_

<input type="checkbox"/> <b>RE-ROOFING/NEW ROOFS</b> <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"/> <b>GUTTERING/FASCIA/ RE-GUTTERING</b> <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"/> <b>GENERAL</b> <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			

**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    \_\_\_\_\_

**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.

Signature(s)    \_\_\_\_\_    \_\_\_\_\_  
Full Name(s)    \_\_\_\_\_    \_\_\_\_\_  
Date    \_\_\_\_\_    \_\_\_\_\_