





Work Authorisation Form

Nature of Organisati	ion:		
Sole Trader	Proprietary Company	Partnership	Individual
Other			
Name:			
Project Address:			
Contact Ph:			
Legal Name:			
ABN:			
Mobile:			







Ph: 07 3393 9221

Postal Address:	
Office Address:	
Email:	
Requested Start Date:	
Details	of work to be done: AS PER PROPOSAL #
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Ph: 07 3393 9221

Amount of Job (Inc GS)) \$			
I certify that the above information is true and correct ar	nd that I am authorised to make this application			
for credit. In accordance with the privacy act (1988), I authorise any person or company to give				
information as may be required in response to credit inc	uires. I have read and understood the			
GENERAL QUOTE CONDITIONS (below) of Ley Lines Pty L	td T/A Pothole People Queensland which form			
part of and are intended to be read in conjunction with t	his Work Authorisation Form and agree to			
abide by these conditions.				
GENERAL QUOTE CONDITIONS				
CLIENT:				
Full Name:	Date:			
Title:	Signature:			