



PHP ASPHALT SOLUTIONS

Ph: 07 3393 9221

Work Authorisation Form

Nature of Organisation:

- ☐ Sole Trader ☐ Proprietary Company ☐ Partnership ☐ Individual
- ☐ Other _____

Name:	
Project Address:	
Contact Ph:	
Legal Name:	
ABN:	
Mobile:	

Postal Address:	
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Email admin@phpasphalt.com.au
PO Box 502 Archerfield BC QLD 4108
[ABN:94 109 481 834](#)



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Office Address:		
Email:		
Requested Start Date:		
Is an Induction longer than 10 minutes required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please note, 7 days' notice ahead of work start is required. Contact the office with required documentation ph. 1800 768 465 or email info@phpasphalt.com.au		

Details of work to be done: AS PER PROPOSAL #

Amount of Job (inc GST) \$	
<p>I certify that the above information is true and correct and 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 inquiries. I have read and understood the GENERAL QUOTE CONDITIONS (below) of Ley Lines Pty Ltd T/A PHP Asphalt Solutions which form part of and are intended to be read in conjunction with this Work Authorisation Form and agree to abide by these conditions.</p> <p>GENERAL QUOTE CONDITIONS</p> <p>CLIENT:</p> <p>Full Name: _____ Date: _____</p> <p>Title: _____ Signature: _____</p>	

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