



PHP ASPHALT SOLUTIONS

Ph: 07 3393 9221

Work Authorisation Form

Nature of Organisation:

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

Client/Company Name:	
Project Address:	
Contact Ph:	
Legal Entity Name (for invoicing):	
ABN:	
Mobile:	

Postal Address (for invoicing):	
Office physical Address:	

Email admin@phpasphalt.com.au
PO Box 502 Archerfield BC QLD 4108
[ABN:94 109 481 834](https://abn.gov.au/abn/94109481834)



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Email(for invoicing):		
Requested Start Date:		
Is an Induction longer than 10 minutes required?	Yes ☐	No ☐
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) \$	
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. GENERAL QUOTE CONDITIONS CLIENT: Full Name: _____ Date: _____ Title: _____ Signature: _____	

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