

APPOINTMENT OF CONTRACTOR

Item Schedule

Item

1. AGENT

Name: CBS Property Group Pty Ltd T/As CBS Property Group

Address: 132 Wickham Street, Fortitude Valley QLD 4006

ABN: 32544706495

Phone: (07) 3525 2228

Fax: _____

Mobile: _____

Email: admin@cbsproperty.com.au

Acting Agent for: _____ (Property Owner)

2. CONTRACTOR

Company Name: _____

Trading Name: _____

ABN: _____

Address: _____

Contractor Name: _____

Licence / Card Number/s: *(insert licence details relevant to the Contractor's industry)*

(1) Issued By: _____

Number: _____

Expiry Date: / /

(2) Issued By: _____

Number: _____

Expiry Date: / /

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Contracted Services for: _____

(Eg plumber, electrician, cleaner, pool safety inspector etc)

3. CONTRACTOR'S INSURANCE

3.1 WorkCover Queensland

Policy No.: _____

Expiry Date: / /

3.2 Indemnity Insurance

Insurer: _____

Policy No.: _____

Expiry Date: / /

3.3 Public Liability Insurance

Insurer: _____

Policy No.: _____

Expiry Date: / /

4. PAYMENT FOR SERVICES

Due Date for Payment: _____

(Reference Date under the Payments Act)

Payment Details:

Bank / Building Society

Bank: _____

Branch: _____

Account Name: _____

BSB: _____

Account Number: _____

Other

Name: _____

Address: _____

5. SIGNATURES

Contractor's Signature: _____

Agent's Signature: _____

Dated: / /

Dated: / /